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UNAIDS 2012-2015 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK

Part II: Results, accountability and budget matrix

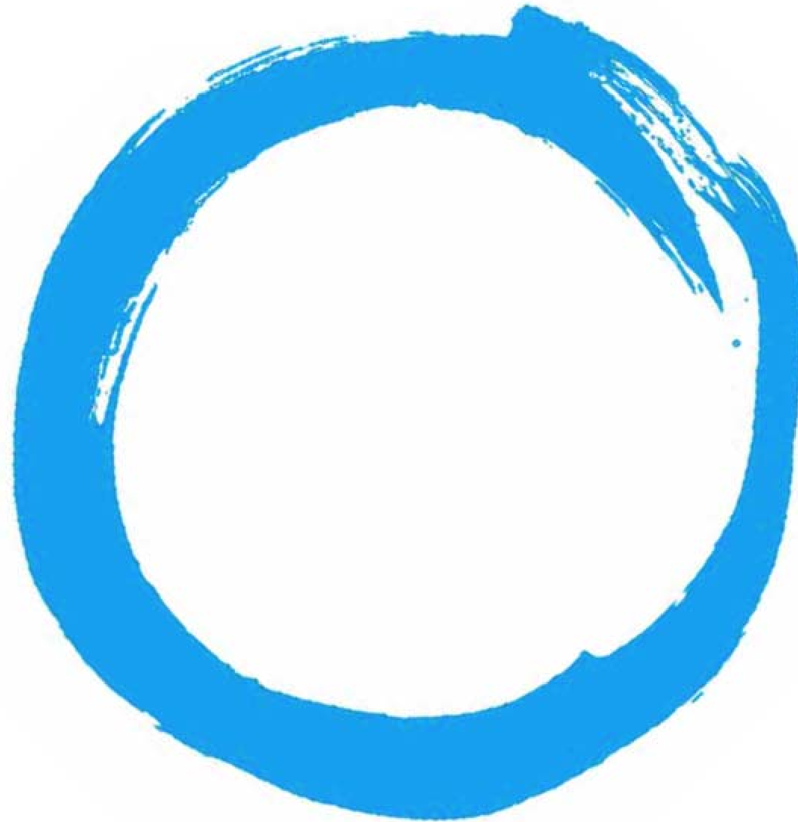
Additional documents for this item:

i. 2012- 2015 Unified Budget, Results and Accountability Framework (UBRAF) Part I (UNAIDS/PCB(28)/11.10)
ii. Report of the PCB Subcommittee on the preparation of the 2012- 2015 Unified Budget, Results and Accountability Framework (UNAIDS/PCB(28)/11.13)

Action required at this meeting: see UNAIDS/PCB(28)/11.10

Cost implications for decisions: see UNAIDS/PCB(28)/11.10

UNAIDS 2012-2015 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)



TRANSLATING UNAIDS 2011-2015 STRATEGY INTO ACTION

PART II: RESULTS, ACCOUNTABILITY AND BUDGET MATRIX

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA
UNODC ILO UNESCO WHO WORLD BANK

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ABBREVIATIONS

AIM:	AIDS Impact Model
BSS:	Behavioural Surveillance Survey
CEWG:	Cosponsor Evaluation Working Group
CFR:	Cosponsors Results Framework
DHS:	Demographic Health Survey
DPT3:	Diphtheria, Pertussis and Tetanus vaccine
GFATM CSS FW:	Global Fund Civil Society Strengthening Framework
HSR:	Health Sector Report
HSS:	HIV Sentinel Surveillance
HFS:	Health Facility Survey
IBBS:	Integrated Biological Behavioural Survey
IATT:	Inter-Agency Task Team
MICS:	Multiple Indicator Cluster Survey
MoT:	Mode of Transmission (Study)
NASA:	National AIDS Spending Assessment
NCPI:	National Composite Index (A: Government, B: Civil Society)
PEPFAR:	President's Emergency Plan for AIDS Relief
PMTCT:	Prevention of Mother to Child Transmission of HIV
SGS:	Second Generation Surveillance
UA:	Universal Access
UNGASS:	United Nations' General Assembly Special Session (on HIV)
W&G Scorecard:	Women and Gender Scorecard

RESULTS, ACCOUNTABILITY AND BUDGET MATRIX

This section outlines key gaps and needs in the response to HIV and summarises the core set of indicators to be used to monitor and evaluate progress in operationalising the 2011-2015 Strategy through the UBRAF. The core indicators are aligned with existing and validated reporting tools and mechanisms to ensure meaningful reporting while minimising any additional burden.

As noted in Part I, the targets and scope of UBRAF indicators will continue to be developed and refined prior to the start of the implementation of the UBRAF and included in the regular reporting to the PCB on UBRAF implementation. Monitoring and evaluation guidelance will be developed to assist implementation and measurement across the Joint Programme, with links to Cosponsor corporate results frameworks.

The results, accountability and budget matrix includes outputs, deliverables and budgets for 20+ countries, regions and global level action. After the identification of the outcomes and outputs for each goal and function, resource needs were estimated and the detailed deliverables (activities) were defined; an iterative process then further refined these.

The outputs and deliverables describe (a) specific contributions to the achievement of strategic goals and functions; (b) expected level of contribution (global, regional/country level, high-impact countries); and (c) accountability of Cosponsors and the Secretariat. The aim is to maximize collective results and fully capitalize on the Joint Programme's comparative strength.

GOAL A1: Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work

Gaps and Needs

1. Sexual transmission remains the main route of HIV transmission (80%) of the estimated 2.6 million people newly infected with HIV in 2009. Heterosexual exposure is the primary mode of transmission in sub-Saharan Africa where more women than men are living with HIV, and young women are as much as eight times more likely than men to be HIV positive.

2. Globally, 40% of HIV infections and more than half of all other sexually transmitted infections occur among young people aged 15 to 24 and, men who have sex with men, sex workers, and transgender people have higher rates of HIV infection than the general population. Despite this, less than 3% of global prevention funding in spent on these populations.

3. Most young people, sex workers of all genders, men who have sex with men and transgender people still have no access to sexual and reproductive health programmes that provide the information, skills, services and commodities or the social support they need to prevent HIV. Many laws and policies go as far as to exclude these populations from accessing sexual health and HIV-related services. Programmes targeting prevention, addressing stigma, discrimination, violence and criminalization need to be scaled up (or started where non-existent) towards a social transformation to increase access to prevention.

4. Particular settings and situations exacerbate HIV vulnerability including humanitarian situations, prison and other closed settings and in the context of migration and mobility. For example, uniformed services and armed groups are vulnerable to acquiring HIV through sexual transmission given that they are mostly young, away from home for long periods of time, have ready cash and have risk taking behaviours, especially in humanitarian contexts.

Impact	Indicators[1]	Baseline	Target/ Scope	Data source	Frequency[2]
A1: Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work	a. Percentage of young people aged 15-24 who are HIV infected (UNGASS #22)	UNGASS 2010	2009 prevalence reduced by 30% by 2015	ANC sentinel surv (gen epidemic)	Every 1-2 years
	b. Percentage of men who have sex with men and sex workers who are HIV infected (UNGASS #23)	UNGASS 2010	2009 prevalence reduced by XX by 2015	IBSS, HSS,	Every 2 years
	c. New HIV infections = (HIV incidence) [*disaggregated by age, gender & key pop]* (AIDSinfo)	UNGASS 2010	2009 incidence reduced by half by 2015	AIM, modelling	
Outcome	**Indicators**	**Baseline**	**Target/ Scope**	**Data source**	**Frequency**
A1.1 Reduced sexual transmission through evidenced-informed combination prevention policies and programmes prioritized to specific localities, contexts and populations including young people, men who have sex with men, sex workers and transgender people	a. Percentage of young women and men who have had sexual intercourse before the age of 15 (UNGASS #15)	UNGASS 2010 GEI[3]))		Pop survey, Youth survey, MICS	Every 2-3 years
	b. Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (UNGASS #13)	UNGASS 2010	Doubled from baseline of 34%.	DHS, Pop survey, Youth survey, MICS	Every 2-3 years
	c. Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse (UNGASS #17)	UNGASS 2010	UNFPA propose 20% for males reporting	Pop survey, Youth survey, MICS?	Every 4-5 years
	d. Percentage of women and men who received an HIV test in the past 12 months and know their result (UNGASS #7)	UNGASS 2010 (GEI)		DHS	Every 3-4 years
	e. Percentage of men who have sex with men and sex workers reached[4] with HIV prevention programmes (UNGASS #9)	UNGASS 2010 (CLE[5])	80% of SW reached	BSS, IBBS	Every 2 years
	f. Number of countries that have implemented HIV workplace prevention programmes (UNGASS #2 NCPI)	UNGASS 2010	TBD ILO/CEWG	Check NCPI	Every 2 years

[1] Information in parentheses after the indicator shows its source.

[2] Indicates the frequency of data collection from the data source(s). While UBRAF reporting is annual, it will draw on data collected at different intervals.

[3] GEI: core indicator primarily for generalised epidemic settings. Countries experiencing concentrated or low-level epidemics can choose to report on indicator if relevant and data is available.

[4] The UBRAF is aligned with existing M&E indicators such those for the UNGASS, MDG, UA and other reporting processes. Indicators amended in the course of the UBRAF reporting period will be reviewed to maximise consistency and alignment.

[5] CLEI: core indicator for concentrated & low-level epidemic settings. Countries experiencing generalised epidemics can choose to report on indicator if relevant and data is available.

GOAL A1: Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work

Outcome A1.1: Reduced sexual transmission through evidenced-informed combination prevention policies and programmes prioritized to specific localities, contexts and populations including young people, men who have sex with men, sex workers and transgender people

Output A1.1.1 Strengthened capacity of young people, youth-led organizations, key service providers and partners to develop, implement, monitor and evaluate HIV prevention programmes targeting young people in school and in community settings including through comprehensive sexuality education, HIV testing and risk reduction counselling, and comprehensive condom programming.

1. Policies

Joint deliverables

J1.1 UNICEF, UNFPA

a. Develop national strategies on social change and behaviour communication for young people & their communities, promoting safer attitudes, lifestyles & behavioural norms delaying sexual debut, using condoms for dual protection from sexually transmitted infections (including HIV) & pregnancy, responsible sexual behaviour, including reducing the number of sexual partners.

b. Develop & support mass media programmes to influence harmful social and cultural norms, and the provision of youth-friendly health services for the prevention, treatment and care of HIV within the country context.

J1.2 UNFPA, ILO

a. Revise & introduce policies & legal frameworks to meet human rights standards, to remove legal barriers to access HIV prevention & care services, including condoms & to enhance access to HIV services for young workers *(Recommendation 200).*

J1.3 UNFPA, UNESCO

a. Implement and scale-up evidence-informed, skills-based comprehensive sexuality education addressing HIV and sexual risk behaviours among young people.

Individual deliverables

1. UNICEF

a. Develop guidance and provide technical support towards implementation, monitoring and evaluation of evidence-informed, skills based comprehensive sexuality education through school and community-based programmes.

1.2 UNFPA

a. Analyse and utilize age- and sex-disaggregated data on SRH/HIV for adolescent and youth to inform policies and development and funding frameworks.

1.3 UNESCO

a. Support education sector sub-systems and institutions in playing a critical role in HIV prevention through accelerated and effective sector-wide policy, planning and programmatic responses that include sound monitoring and evaluation of education sector efforts as part of the national response.

b. Advocate for and expand the evidence base on removing legal, social and cultural barriers to accessing sexual and reproductive health education and services for key populations.

2. Service integration

Joint deliverables

J2.1 UNICEF, UNFPA, UNODC, WHO

a. Develop and/or review SRH/HIV policies and programmes including comprehensive intervention packages for young people (particularly marginalised adolescent girls, young people who use drugs, young prisoners and young sex workers and their partners).

J2.2 UNFPA, WHO

a. Strengthen national capacity to advocate for and incorporate integration of HIV prevention and linkages with SRH, gender and HIV care in national strategic development plans and frameworks, expanding access to prevention.

3. Capacity

Joint deliverables

J3.1 UNICEF, UNFPA, UNESCO

a. Strengthen and promote youth participation at all levels in the design, implementation, monitoring & evaluation of HIV prevention, sexuality education programmes & services through institutional mechanisms, with parents & adults in the community as supportive partners.

J3.2 UNICEF, World Bank

a. Expand capacity and coverage of quality HIV prevention interventions and uptake, including information & services addressing structural gaps & reduce the risk & vulnerability to HIV infection among adolescents & young people through sexual transmission.

J3.3 UNFPA, UNESCO

a. Strengthen national capacity & capacity of service providers, including youth led and youth serving organisations on youth friendly SRH/HIV, to scale up effective prevention programmes & implement age appropriate, gender and rights based sexual reproductive health and HIV education including new prevention approaches and technologies in schools' curricular and community settings including peer education.

J3.4 WHO, World Bank

Provide standards, guidance, tools & methods to implement & scale-up evidence-informed, quality prevention programmes, including models of health service delivery for adolescents (including adolescent sexual & reproductive health integration of male circumcision, HIV testing and counseling, & sexuality education).

Individual deliverables

3.1 UNHCR

a. Scale-up existing programmes & develop new prevention programmes when applicable to reduce HIV sexual transmission among populations affected by humanitarian situations.

3.2 UNICEF

a. Build the capacity of young people to participate in community level planning, advocacy and communication for HIV prevention.

4. Access to condoms

Joint deliverables

J4.1 UNFPA, ILO, UNHCR

a. Develop strategies and programmes to increase demand, access & use of male & female condoms, for sexually active populations including key populations, young workers (especially in the informal economy) & in humanitarian settings.

J4.2 UNFPA, WHO

a. Establish reproductive health commodity security in countries as an integral & permanent component of the overall health sector plan.

Individual deliverables

4.1 UNHCR

a. Strengthen promotion of and access to male and female condoms for populations in humanitarian situations

4.2 UNODC

a. Increase access to male & female condoms & to STIs prevention & treatment for people living in prisoners & other closed settings and for people who use drugs.

b. Support countries in removing legal barriers to access condoms in prisons and other closed settings.

5. Strategic information

Joint deliverables

J5.1 UNICEF, UNFPA, WHO, World Bank

Develop strategic information/analytical work on risk, vulnerability, reasons for changes in HIV prevalence & behaviours and response to HIV in key populations, including young people to inform policies, programmes, planning and funding frameworks.

Individual deliverables

5.1 UNICEF

a. Monitor national and sub-national response for adolescents and advocate for and support countries to strengthen collection and reporting of age disaggregated service data and youth-specific programme monitoring to enhance knowledge of epidemic and response in young people.

5.2 ILO

a. Generate evidence on the vulnerability of young male and female workers in the informal economy in high impact countries.

5.3 WHO

a. Monitor, report on and evaluate progress in scaling up HIV prevention interventions in the health sector.

5.4 World Bank

a. Support countries to incorporate strategic prevention into national strategic and operational planning processes.

b. Support governmental decision making on cost effective combinations and funding allocations on HIV prevention and impact mitigation.

c. Support country efforts to use HIV prevention science and mathematical modelling to estimate and forecast the impact of individual and combinations of HIV prevention programmes at sub-national, national and regional levels.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	182,500	121,300	66,300	0	15,600	115,300	15,000	19,900	92,200	628,100
UNICEF	1,316,200	562,500	427,500	157,500	202,500	634,400	243,000	157,500	427,500	4,128,600
UNFPA	1,347,600	756,100	694,200	181,500	362,300	949,600	275,900	219,800	539,600	5,326,600
ILO	1,058,100	705,600	304,800	169,300	187,000	509,400	203,200	135,500	254,700	3,527,600
UNESCO	1,430,500	1,896,100	506,400	42,800	304,600	462,600	423,800	68,300	233,600	5,368,700
WHO	123,200	130,000	73,200	0	28,800	14,800	27,800	17,500	23,200	438,500
World Bank	700,000	3,780,500	280,000	112,000	224,000	1,120,100	112,000	112,000	560,000	7,000,600
Subtotal Output A1.1.1	6,158,100	7,952,100	2,352,400	663,100	1,324,800	3,806,200	1,300,700	730,500	2,130,800	26,418,700

Output A1.1.2 New and emerging HIV prevention technologies and approaches (including male circumcision, microbicides, PREP, HIV vaccines) supported and included in the scale up of combination prevention if they continue to show effectiveness in trials.

Joint deliverables

J1. UNICEF, UNFPA, WHO

a. Build evidence & guidance on new prevention technologies to support scale-up & improvement in prevention approaches, including regional & country HIV vaccine initiatives.

b. Provide guidance & support to expand combination prevention programmes, with focus on (1) standards, quality control, national regulation & procurement of male & female condoms; (2) including male circumcision devices, technologies & approaches to support scaling up HIV prevention where appropriate; (3) guidance on prevention for people living with HIV; (4) counselling & testing, combination prevention & treatment for discordant couples; (5) expanding disclosure and adherence support, transition and risk reduction services for adolescents living with HIV; and (6) advocate for and support research and development on female condoms.

c. Scale up male circumcision programmes, including biomedical and behavioural aspects and the impact of women.

J2. WHO, World Bank

a. Provide normative guidance and capacity building for HIV surveillance and monitoring and evaluating prevention interventions.

Individual deliverables
1. WHO
a. Support countries to improve access to affordable prevention commodities.
b. Provide technical guidance & research support on (1) the safe & effective use of ARV-based prevention technologies including PrEP and PEP & (2) on developing a research agenda on new prevention technologies & approaches, including vaccines, microbicides and the role of ARVs in prevention (including ART for prevention).
c. Provide guidance & support on preventing HIV transmission within health care settings, including safe blood supplies, injection & surgical safety & universal precautions.
d. Support UNAIDS/WHO regional & country HIV vaccine initiatives.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	173,000	174,800	110,800	40,800	52,500	164,500	63,000	40,800	110,800	931,000
WHO	1,744,400	1,105,400	219,500	0	162,900	177,500	144,200	209,500	277,700	4,041,100
Output	1,917,400	1,280,200	330,300	40,800	215,400	342,000	207,200	250,300	388,500	4,972,100

Output A1.1.3 For men who have sex with men, sex workers and transgender people, major municipalities have:
- Informed vocal and capable organizations engaged as partners to advance universal access to HIV prevention, treatment, care and support;
- at least one comprehensive HIV programme that provides non-judgemental, non-stigmatizing and relevant services;
- at least one robust rights-based programme to inform them about their rights; receive reporting about human rights violations; and ensure positive and appropriate responses from relevant administrative and judicial authorities.

1. Policies
Joint deliverables
J1.1 UNDP, UNFPA, UNESCO, WHO
a. Strengthen and engage informed, vocal & capable organizations of men who sex with men, transgender people, & sex workers as partners to advance universal access and expand comprehensive & linked HIV prevention & SRH services.
J1.2 UNICEF, UNDP, UNFPA
a. Provide technical assistance, guidance & advocacy to organizations and/or leadership of men who have sex with men, sex workers, & transgender people engaged as partners including adolescents and young people to advance universal access & address the needs of men who have sex with men, transgender people & sex workers through strengthened partnerships with municipal authorities, the use of law, public policy and inclusive governance.
J1.3 UNFPA, UNODC
a. Implement HIV prevention policies and programmes among uniformed services, people living in prisons & other closed settings.
J1.4 UNFPA, ILO
a. Develop prevention policies & scale up HIV prevention & care services for displaced populations, young people & vulnerable workers, including mobile & migrant workers.

2. Technical assistance and Capacity
Joint deliverables
J2.1 UNICEF, UNFPA, UNDP, UNODC, UNESCO, WHO
a. Strengthen capacity among UN staff, global, regional & national level partners, including through In Reach Training, to advocate for & programme with people who use drugs, men who have sex with men, sex workers, & transgender people & PLHIV as change agents.
J2.2 UNDP, UNFPA, WHO
a. Support HIV monitoring & evaluation & operational guidelines for programmes with sex workers, men who have sex with men and transgender people to be implemented at national, sub-national & service delivery levels.
J2.3 WHO, World Bank
a. Provide tools & guidance to countries to inform strategic planning, target setting, service delivery & resource allocation for men who have sex with men, sex workers, and transgender people prevention & care.

Individual deliverables
2.1 UNFPA
a. Provide advocacy and technical assistance to expand HIV prevention programmes and SRH services including condoms and lubricants for men who have sex with men, sex workers, & transgender people in municipal & national responses.
2.2 UNESCO
a. Support exchange of good practice and expand evidence base on empowering men who have sex with men, sex workers, & transgender people to claim their human rights & essential HIV services.

3. Services
Joint deliverables
J3.1 UNICEF, UNFPA, WHO
a. Support capacity of countries to (1) expand coverage of effective prevention interventions for sexual transmission of HIV; (2) develop comprehensive combination prevention programmes linking prevention of sexual transmission of HIV with other HIV prevention interventions and (3) rapidly implement new prevention technologies & approaches.
J3.2 UNDP, UNFPA
a. Establish online services directory for men who have sex with men, sex workers, and transgender people covering legal and health services and reporting of human rights violations.

Individual deliverables
3.1 UNHCR
a. Support & implement programmes to reduce HIV sexual transmission in countries of asylum and those hosting internally displaced people.

b. Scale up existing programmes & develop new HIV prevention programmes for most at risk populations in humanitarian settings.
3.2 ILO
a. Increase demand for voluntary counselling and testing services among "world of work" actors, acting as an entry point for HIV prevention in the workplace.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	175,500	75,000	57,000	21,000	27,000	84,600	32,400	21,000	57,000	550,500
UNDP	589,700	1,177,500	395,400	131,800	197,700	197,700	197,700	65,900	131,800	3,085,200
UNFPA	818,200	400,500	434,300	113,500	226,500	593,700	172,500	137,400	337,400	3,234,000
ILO	264,600	176,400	76,200	42,300	46,700	127,400	50,800	33,900	63,700	882,000
UNESCO	357,600	474,100	126,600	10,700	76,100	115,700	105,900	17,100	58,400	1,342,200
WHO	498,400	481,200	219,500	0	153,400	59,200	33,200	69,900	92,500	1,607,300
World Bank	70,000	378,000	112,000	5,600	84,000	2,800	5,600	39,200	2,800	700,000
Subtotal Output A1.1.3	2,774,000	3,162,700	1,421,000	324,900	811,400	1,181,100	598,100	384,400	743,600	11,401,200

Output A1.1.4 Strengthened capacity to plan, implement and evaluate combination prevention programmes that meet the needs of individuals and communities.

Joint deliverables
J1. UNICEF, UNDP, UNFPA, WHO, World Bank
a. Support countries to expand coverage of effective programmes and interventions for prevention of heterosexual transmission of HIV, including multiple concurrent partnerships.
J2. UNICEF, UNFPA, WHO, World Bank
a. Develop strategic information/analytical work on risk, vulnerability, factors contributing to changes in HIV prevalence & behaviours and response to HIV in key populations, including young people to inform policies, programmes, planning and funding frameworks.

Individual deliverables
1. UNHCR
a. Work with countries of asylum and those hosting internally displaced people to support the implementation of programmes reducing sexual transmission of HIV.
b. Scale-up existing programmes & develop new prevention programmes when applicable to reduce HIV sexual transmission among populations affected by humanitarian situations.
2. UNICEF:
a. Support countries to develop, implement and evaluate national programmes to reduce early sexual debut and age-disparate sex in young women and girls.
3. UNDP
a. Support countries to understand and address key socio-economic factors that drive sexual transmission and to follow-up with appropriate planning and action outside the health sector.
4. UNFPA
a. Develop and promote programmes and strategies to reduce demand for unprotected sex including unprotected paid sex.
5. ILO
a. Support the active engagement of ministries of labour, employers' organizations and workers organization in the design, implementation, monitoring and evaluation of HIV and AIDS prevention workplace programmes and policies.
b. Provide normative guidance, policy advice and technical support to develop national and sectoral workplace policies, and programmes to provide all means of prevention (including condoms) & promote reproductive health rights and health at work, address the SRH needs of workers, in the context of occupational safety and in the workplace (based on *Recommendation 200*).

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	182,500	121,100	66,300	0	15,600	115,300	15,000	19,900	92,200	627,900
UNICEF	263,200	112,500	85,500	31,500	40,500	126,900	48,600	31,500	85,500	825,700
UNDP	617,100	617,100	205,700	82,300	41,100	288,000	82,300	41,100	82,300	2,057,000
UNFPA	1,540,500	810,700	805,500	210,400	420,100	1,101,100	319,900	254,900	625,700	6,088,800
Subtotal Output A1.1.4	2,603,300	1,661,400	1,163,000	324,200	517,300	1,631,300	465,800	347,400	885,700	9,599,400
Subtotal Outcome A1.1	13,452,800	14,056,400	5,266,700	1,353,000	2,868,900	6,960,600	2,571,800	1,712,600	4,148,600	52,391,400
Total Goal A1	13,452,800	14,056,400	5,266,700	1,353,000	2,868,900	6,960,600	2,571,800	1,712,600	4,148,600	52,391,400

GOAL A2: Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half

Gaps and Needs

5. Although preventable mother-to-child transmission of HIV in low- and middle-income countries remains unacceptably high with ~370 000 children newly infected in 2009. Globally, only 24% of pregnant women received an HIV test and only 53% of pregnant women living with HIV received antiretroviral drugs to reduce the risk of transmitting HIV to their infants in 2009, with nearly half still receiving less efficacious regimens.

6. Comprehensive programming requires implementation of 4 key programme elements :
   1. preventing HIV in women of reproductive age;
   2. preventing unintended pregnancies in women living with HIV;
   3. reducing HIV transmission from women living with HIV to their infants, and
   4. providing appropriate early treatment and care for women living with HIV, their children and families.

7. National efforts are often hampered by low geographic and facility coverage, stigma and discrimination, poor quality of services and effective integration and linkages to HIV prevention interventions and family planning services, as well as barriers to access and utilization of services. Equity issues hinder access to services of IDUs, pregnant and nursing women in prison settings, marginalized populations, adolescents, etc. HIV contributes 9% to maternal mortality in sub-Saharan Africa.

8. Key gaps include full implementation of routine HIV testing (PITC), involvement of male partners, scale-up of more efficacious regimens (both ARVs and ART) based on the 2010 WHO guidelines, safer infant feeding with ARV prophylaxis during breastfeeding, effective strategies to reduce new infections in women (and especially adolescent girls), access to family planning, integration with maternal newborn child health and reproductive health, provision of nutrition, and effective linkages with HIV care and treatment. The global, regional and national PMTCT effort is now transitioning from scale-up to elimination.

Impact	Indicators	Baseline	Target/ Scope	Data source	Frequency
A2: Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half	a. Infants born to HIV-infected mothers who are infected (number & percent) UNGASS#25	UNGASS 2010 – 27%	New paediatric infections reduced by 90% in 2015, (=less than 5% transmission of HIV from mother to child at a population level	PMTCT Scorecard, IATT, UA, UNGASS	Annual
	b. Percentage of deaths among children less than 5 years of age associated with HIV (number & percent) (DHS, WHO)	TBD WHO	90% reduction of infections among young children by 2015, from a baseline of 2009	DHS, WHO/CEWG	Every 3-4 years (if DHS)
	c. Maternal deaths associated with HIV (number & percent) (DHS, WHO)	TBD WHO	HIV incidence among women of reproductive age reduced by 50% by 2013 and in all countries by 2015)	DHS, WHO/CEWG	Every 3-4 years (if DHS)

Outcome	Indicators	Baseline	Target/ Scope	Data source	Frequency
A2.1 In countries with the greatest number of HIV-positive pregnant women[6], **(a) Universal access coverage achieved;** **(b) Antiretroviral drugs provided to pregnant women living with HIV;** **(c) Unmet need for family planning reduced;** **(d) HIV incidence reduced among women of reproductive age.**	a. Percentage of HIV-infected pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission (UNGASS #5)	UNGASS 2010	> 50% by 2013. All eligible HIV pregnant women with HIV (WHO 2010 guidelines) in need of treatment for their own health by 2015	IATT, PMTCT Scorecard, HSR, UA	Annual
	b. Percentage of infants born to HIV-infected women receiving ARV prophylaxis for PMTCT (UNICEF, WHO)	UNGASS 2010		PMTCT Scorecard, HSR, UA	Annual
	c. Percentage of HIV-exposed infants who are receiving exclusive breastfeeding, replacement feeding or mixed feeding at DPT3 visit (UNICEF, WHO)			PMTCT Scorecard, HSR, UA	Annual
	d. Unmet need for Family Planning (UNFPA)	MDG 5B	By 50% by 2013 in 10 countries and by 2015 in all countries	DHS/MICS	2 (if country survey) 5 (if DHS
Outcome	**Indicators**	**Baseline**	**Target/ Scope**	**Data source**	**Frequency**
A2.2 In low and concentrated epidemic settings, (a) Testing of pregnant women increased; (b) Access of pregnant women to ARVs increased; (c) Unmet need for family planning reduced; (d) HIV incidence reduced among women of reproductive age	a. Percentage of HIV-infected pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission (UNGASS #5)	UNGASS 2010	>90% pregnant women living with HIV received ARVs to prevent MTCT	PMTCT Scorecard, HSR	
	b. Percentage of infants born to HIV-infected women receiving any ARV prophylaxis for PMTCT (UNICEF, WHO)	UNGASS 2010		IATT, Scorecard, HSR, UA	Annual
	c. Percentage of HIV-exposed infants who are receiving exclusive breastfeeding, replacement feeding or mixed feeding at DPT3 visit (UNICEF, WHO)	UA 2010, HSR,			Annual
	d. Unmet need for Family Planning (UNFPA)	TBD CEWG/ UNFPA	Unmet need for family planning among all women reduced by 50% by 2013 & 100% by 2015.	TBD CEWG/ UNFPA	TBD CEWG/ UNFPA

[6] PMTCT services strengthened in all 22 high-burden, with a focus on the 13 countries where approximately 80% women in need of PMTCT (using 2009 baseline): Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Uganda, United Republic of Tanzania, Swaziland, Zambia and Zimbabwe.

GOAL A2: Vertical transmission of HIV eliminated, and AIDS-related maternal mortality reduced by half

Outcome A2.1: In countries with the greatest number of HIV-positive pregnant women, (a) Universal access coverage achieved; (b) Antiretroviral drugs provided to pregnant women living with HIV; (c) Unmet need for family planning reduced; (d) HIV incidence reduced among women of reproductive age

Output A2.1.1 Global plan and monitoring framework, for eliminating new HIV infections among children and for keeping their mothers alive, developed and implemented.

Joint deliverables
J1. UNICEF, UNFPA, WHO
a. Provide evidence-based policy guidance, technical support & lead advocacy at global, regional & country levels to promote the elimination of MTCT, and paediatric care and treatment, including through inter-agency task teams (IATTs).

Core Resources

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	117,900	77,300	29,000	15,400	19,300	50,600	22,800	17,400	38,600	388,300
WHO	872,200	128,300	73,200	0	19,200	14,800	44,400	17,500	23,200	1,192,800
Subtotal Output A2.1.1	990,100	205,600	102,200	15,400	38,500	65,400	67,200	34,900	61,800	1,581,100

Output A2.1.2 Maternal and child health systems and services strengthened, including antenatal care and deliveries by skilled attendants, and PMTCT integrated with sexual and reproductive health.

Joint deliverables
J1. UNICEF, UNFPA, WHO
a. Provide policy operational guidance& technical support to countries to improve bi-directional linkages & integration of
(1) HIV interventions & services within maternal, neonatal & child health services (UNICEF, UNFPA, WHO);
(2) PMTCT services into other sexual & reproductive health services (UNICEF, UNFPA);
(3) HIV prevention, voluntary counselling & testing, family planning, ARVs for PMTCT & infant feeding (UNICEF, UNFPA, WHO);
(4) infant and young children feeding & PMTCT programmes (UNICEF).
J2. UNICEF, WFP, WHO
a. Increase access to optimal ARV regimens for pregnant women, primary prevention with special attention to adolescent girls & optimal infant & young child feeding.
J3. UNICEF, WHO
a. Ensure coordinated responses through strategic partnerships on key thematic areas including strengthening of community systems & integration of health care services by national governments, partners and civil society organisations into national responses.

Individual deliverables
1. UNFPA
a. Support primary prevention of HIV among women of childbearing age and prevention of unintended pregnancies among women living with HIV
2. UNODC
b. Advocate and promote provision of PMTCT services for women living in prisons & other closed settings.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	116,900	77,300	29,000	15,400	19,300	50,600	22,800	17,400	38,600	387,300
WFP	0	57,600	2,900	0	0	12,700	2,900	0	10,400	86,500
UNFPA	190,400	151,000	88,600	23,100	46,200	121,100	35,200	28,000	68,800	752,400
WHO	249,200	154,700	54,900	0	9,600	22,200	16,600	26,200	34,700	568,100
Subtotal Output A2.1.2	556,500	440,600	175,400	38,500	75,100	206,600	77,500	71,600	152,500	1,794,300

Output A2.1.3 Implementation of PMTCT in marginalized populations improved, including rural and urban areas, areas of low HIV prevalence and concentrated epidemic settings.

Joint deliverables
J1. UNICEF, UNFPA, WHO
a. Provide policy, operational guidance & technical support to countries to improve bi-directional linkages & integration of
(1) HIV interventions & services within maternal, neonatal & child health services (UNICEF, WHO);
(2) PMTCT services into other sexual & reproductive health services (UNICEF, UNFPA);
(3) HIV prevention, voluntary counselling & testing, family planning, ARVs for PMTCT & infant feeding (UNICEF, WHO);

(4) Infant and young children feeding & PMTCT programmes (UNICEF).
J2. UNICEF, WHO
a. Ensure coordinated responses through strategic partnerships on key thematic areas including strengthening of community systems & integration of health care services by national governments, partners and civil society organisations into national responses.

Individual deliverables
1. WHO
a. Provide guidance and develop enhanced country capacity for surveillance, monitoring and evaluation of PMTCT programmes.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	116,900	77,200	29,000	15,400	19,300	50,600	22,800	17,400	38,600	387,200
WHO	249,200	288,100	73,200	0	19,200	44,400	33,200	52,400	69,400	829,100
Subtotal Output A2.1.3	366,100	365,300	102,200	15,400	38,500	95,000	56,000	69,800	108,000	1,216,300

Output A2.1.4 Reliable information and monitoring systems established, and external donor support and technical assistance mobilized.

Joint deliverables
1. UNICEF, WHO
a. Lead advocacy and coordination efforts at global, regional and country level to promote elimination of MTCT initiative including through the inter-agency task team (ATT).

Individual deliverables
1. UNICEF
a. Support evidence-based advocacy and mobilization of resources through analysis of elimination plans, programming approaches and strategic visioning.
2. WHO
a. Provide guidance and develop enhanced country capacity for surveillance, monitoring and evaluation of PMTCT programmes.
b. Support operational research on PMTCT in priority countries and link with national scale-up efforts.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	116,900	77,200	29,000	15,400	19,300	50,600	22,800	17,400	38,600	387,200
WHO	124,600	266,700	73,200	0	9,600	44,400	44,400	52,400	69,400	684,700
Subtotal A2.1.4	241,500	343,900	102,200	15,400	28,900	95,000	67,200	69,800	108,000	1,071,900
Subtotal Outcome A2.1	2,154,200	1,355,400	482,000	84,700	181,000	462,000	267,900	246,100	430,300	5,663,600

Outcome A2.2: In low and concentrated epidemic settings, (a) Testing of pregnant women increased; (b) Access of pregnant women to ARVs increased; (c) Unmet need for family planning reduced; (d) HIV incidence reduced among women of reproductive age

Output A2.2.1 PMTCT service delivery decentralized and integrated into routine antenatal, delivery and postnatal care settings and other sexual and reproductive health services (e.g. family planning, management of sexually transmitted disease).

Joint deliverables
J1. UNFPA, WHO
a. Strengthen advocacy, guidance & capacity to integrate PMTCT into 1) health sector planning & 2) sexual &reproductive health services & to implement package of services.

Individual deliverables
1. UNICEF
a. Support sub-national analysis of programme performance for better resource investment to achieve equitable access to services.
b. Support innovation to PMTCT service delivery to improve access, quality and utilization.
2. WFP
a. Integrate food and nutrition support within PMTCT programmes to increase adherence, treatment success and HIV-free survival.
3. UNODC
a. Advocate and support countries to provide PMTCT services to female drug users and women living in and/or released from prisons and other closed settings.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	380,100	256,900	95,100	50,700	63,400	166,000	74,800	57,000	126,800	1,270,800
WFP	0	336,300	6,900	0	0	29,200	6,900	0	24,200	403,500
WHO	249,200	455,500	109,800	0	19,200	74,000	55,400	87,300	115,700	1,166,100
Subtotal Output A2.2.1	629,300	1,048,700	211,800	50,700	82,600	269,200	137,100	144,300	266,700	2,840,400

Output A2.2.2 Paediatric HIV treatment and care integrated into existing child health services and treatment programmes to address the needs of exposed and infected children.

Individual deliverables
1. UNHCR
a. Support the integration of PMTCT into maternal and child health programmes in refugee settings.
2. UNICEF
a. Invest in development of continuum of care models that adequately serve both mothers and children in effective care services.
2. WFP
a. Integrate provision of food and nutrition (specialised food products) support to child health service delivery particularly for HIV-exposed infants and children.
3. WHO
a. Support the integration of PMTCT into health sector planning.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	62,700	41,800	13,800	0	5,800	46,100	4,600	6,500	27,700	209,000
UNICEF	378,100	256,900	95,100	50,700	63,400	166,000	74,800	57,000	126,800	1,268,800
WFP	96,100	192,000	0	0	0	0	0	0	0	288,100
WHO	124,600	170,300	73,200	0	19,200	22,200	22,200	26,200	34,700	492,600
Subtotal Output A2.2.2	661,500	661,000	182,100	50,700	88,400	234,300	101,600	89,700	189,200	2,258,500

Output A2.2.3 PMTCT policy and programmes expanded, including antiretrovirals (prophylaxis and treatment for eligible women), family planning and primary prevention, including nutritional support.

Joint deliverables
J1. UNICEF, WFP
a. Integrate provision of food and nutrition (specialised food products) support to child health service delivery particularly for HIV-exposed infants and children.
J2. UNICEF, WHO
a. Support annual reporting on progress achieved towards the elimination of MTCT.
b. Support national and sub-national analysis of programme performance for better resource investment to achieve equitable access to services.

Individual deliverables
1. UNFPA
a. Provide advocacy and guidance to, & strengthen capacity of, countries to integrate PMTCT services into sexual and reproductive health services and to implement strategies and a package of services.
2.2 UNODC
a. Advocate and promote provision of PMTCT services for women living in prisons and other closed settings.
3. WHO
a. Provide support to countries to address their policy and programmatic needs to eliminate MTCT and as appropriate to incorporate ongoing strategies on elimination of congenital syphilis.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	378,100	256,900	95,100	50,700	63,400	166,000	74,800	57,000	126,800	1,268,800
UNFPA	127,000	150,200	48,500	12,700	25,300	66,300	19,300	15,300	37,700	502,300
WHO	124,600	200,900	109,800	0	19,200	29,600	11,000	34,900	46,300	576,300
Subtotal Output A2.2.3	629,700	608,000	253,400	63,400	107,900	261,900	105,100	107,200	210,800	2,347,400
Subtotal Outcome A2.2	1,920,500	2,317,700	647,300	164,800	278,900	765,400	343,800	341,200	666,700	7,446,300
Total Goal A2	4,074,700	3,673,100	1,129,300	249,500	459,900	1,227,400	611,700	587,300	1,097,000	13,109,900

GOAL A3: All new HIV infections prevented among people who use drugs

Gaps and Needs

9. Worldwide, nearly 3 million people who inject drugs are living with HIV, and another 13 million more are at risk of HIV infection.

10. HIV service coverage is below 10% - globally, people who inject drugs have access to fewer than two clean needles per month; 8% have access to opioid substitution therapy; and only 4% of the HIV infected people who inject drugs have access to antiretroviral therapy.

11. In addition, different amphetamine type stimulant drugs and crack cocaine, both in their injectable and non-injectable forms, and alcohol use (intoxication), have been associated with the sexual transmission of HIV.

12. High levels of stigma around drug use and discrimination against people who use drugs, and particularly people who inject drugs, even by service providers, severely limit delivery and access to essential HIV services.

13. Punitive laws, policies and practices impede access to services for people who use drugs, even where these services are available.

14. People who use drugs are also vulnerable to other viral and bacterial infections including hepatitis, tuberculosis and sexually transmitted infections and to death from overdose. Hepatitis C infections among people who inject drugs in many countries have been reported to be more prevalent, sometimes as high as 90%. This is an important early indicator of unsafe drug injecting practices which can lead to potential HIV outbreaks in countries with currently low HIV prevalence among people who inject drugs.

15. Many of those who use drugs are between the ages of 10 to 24 years. In some countries, the majority of people who inject drugs fall within this age group.

16. Drug use is frequently linked to other vulnerability factors such as sex work and/or male-to-male sex. In many countries, especially young women and men, sell sex to pay for the drugs that they or their partners or their parents use.

17. Female drug users and female partners of male drug users are especially vulnerable. This is due not only to the interface between unsafe drug use and unsafe sexual practices, but also to a notable lack of gender responsiveness in policies and services, resulting in a failure to address the specific needs of women and girls.

18. HIV is a serious problem for populations living in prisons and other closed settings in many countries - resulting in higher HIV prevalence rates in prisons than those among outside communities. While many people who use drugs are imprisoned for their drug use, some non-drug users may be initiated into drug use when incarcerated, often adopting riskier injecting practices in the absence of effective HIV prevention efforts. In prisons, HIV can spread also by other HIV risk practices, such as unprotected sex (including male-to-male) and body piercing with unsterile equipment, and by vertical transmission.

19. Although HIV epidemics have been well documented among people who inject drugs in prisons with low access to HIV services, comprehensive HIV services for drug users in prisons and pre-trial detention facilities are available in less than 10 countries.

Impact	Indicators	Baseline	Target/ Scope	Data source	Frequency
A3: All new HIV infections prevented among people who use drugs	a. Percentage of people who inject drugs who are HIV infected (UNGASS #23)	UNGASS 2010	Prevalence reduced by XX% from baseline	Special surveys, IBBS	Every 2 years
Outcome	**Indicators**	**Baseline**	**Target/ Scope**	**Data source**	**Frequency**
A3.1 Strengthened regulations, policies and legislative reforms, which are evidence-based and human rights focused, and support harm reduction and drug dependence treatment services for people who use drugs[7]	a. Number of countries with strengthened regulations, policies and legislative reforms, which are evidence-based and human rights focused, and support harm reduction and drug dependence treatment services for people who use drugs (UNODC)	TBD UNODC/ CEWG	TBD UNODC/ CEWG	TBD UNODC/ CEWG	Annual
	b. Number (& percentage) countries with laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at risk populations & other vulnerable sub-populations? *(NCPI B)*'	UNGASS 2010 *(sub-analysis of NCPI-B)*	TBD CEWG	NCPI[8] (AI Q6; BI Q3)	Every 2 years
A3.2[2] **(i) Expanded needle and syringe programmes to regularly reach people who inject drugs (40% by 2013)** **(ii) Expanded opioid substitution therapy to regularly reach people who inject opioids (10% by 2013);** **(iii) Increased coverage of other evidence based drug dependence treatment services among people who use opioids and/or use stimulant drugs** **(iv) Double the number of people who use drugs and living with HIV who have access to timely and uninterrupted antiretroviral therapy**[2]	a. Percentage of people who inject drugs who reported using a sterile needle and syringe the last time they injected (UNGASS #21)	UNGASS 2010	TBD UNODC/ CEWG	Special survey, BSS or IBBS	Every 2 years
	b. New UNGASS: Number of syringes distributed per person who injects drugs per year by NSP.	TBD	TBD UNODC/ CEWG	TBD UNODC/ CEWG	TBD UNODC/ CEWG
	c. Percentage of drug users reached with HIV prevention programmes (UNGASS #9)	UNGASS 2010		BSS, Special survey, IBBS	Every 2 years
	d. % of people who use drugs, including in prisons, reached with comprehensive HIV services including opioid substitution therapy and antiretroviral therapy, disaggregated by type of service. (UNODC)	TBD UNODC/ CEWG	TBD UNODC/ CEWG	TBD UNODC/ CEWG	TBD UNODC/ CEWG

GOAL A3: All new HIV infections prevented among people who use drugs

Outcome A3.1: Strengthened regulations, policies and legislative reforms, which are evidence-based and human rights focused, and support harm reduction and drug dependence treatment services for people who use drugs

Output A3.1.1 Review and adaptation of national legislation and policies concerning narcotic drugs, criminal justice, prison management and HIV have been facilitated.

<u>**Joint deliverables**</u>
J1. UNICEF, UNODC
a. Advocate and assist countries in reviewing and adapting national legislation and policies concerning narcotic drugs, criminal justice, prison management and HIV, including the protection of young people who inject drugs and access to services.
J2. UNDP, UNODC

[7] In at least 20 countries.
[8] NCPI 2010 Part A.I Q6: *Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?* = NCPI 2010 Part B.I Q3.

a. Support countries in protecting the human rights of people who use drugs, working in partnership with people who use drugs and their organisations and other civil society partners, to address the intersections of drug use and sexual transmission, including in prisons and closed settings.

Individual deliverables
1. UNODC
a. Provide technical assistance and build capacity of countries to review and align national policies and operational plans on illicit drugs and criminal justice with national HIV strategic plans.
2. World Bank
a. Finance large scale programmes for people who inject drugs in selected countries promoting the principle of meaningful participation with people who use drugs and their organisations and other civil society partners.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	102,800	102,800	48,000	6,900	41,100	13,700	13,700	6,900	6,900	342,800
UNICEF	161,700	75,500	87,100	21,000	87,100	24,700	32,400	21,000	27,000	537,500
UNODC	575,000	230,000	230,000	57,500	172,500	172,500	115,000	230,000	172,500	1,955,000
Subtotal Output A3.1.1	839,500	408,300	365,100	85,400	300,700	210,900	161,100	257,900	206,400	2,835,300

Output A3.1.2 Evidence base developed which supports public health approaches for HIV prevention, treatment & care services including drug dependence treatment for people who use drugs, and those living in prisons and other closed settings.

Joint deliverables
J1. UNODC, WHO
a. Synthesize evidence & advocate for public health approaches for HIV prevention, treatment & care among people who use drugs (injection and non-injection), amphetamine-type stimulants & cocaine use, hazardous alcohol use & drug dependence treatment.
J2. UNODC, World Bank
a. Undertake synthesis & analysis of global epidemics of HIV among people who inject drugs conducted.

Individual deliverables
1. UNODC
a. Support countries to strengthen their national M&E systems to track progress of the HIV response among people who use drugs and among people living in prison and other closed settings.

Core Resources (US$)

Agency	Global	20+ countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	373,800	42,800	0	0	95,800	0	0	0	0	512,400
UNODC	1,150,000	345,000	115,000	86,300	86,000	57,500	115,000	57,500	57,500	2,069,800
World Bank	70,000	378,000	126,000	11,200	22,400	28,000	25,200	11,200	28,000	700,000
Subtotal Outcome A3.1Subtotal Output A3.1.2	1,593,800	765,800	241,000	97,500	204,200	85,500	140,200	68,700	85,500	3,282,200
	2,433,300	1,174,100	606,100	182,900	504,900	296,400	301,300	326,600	291,900	6,117,500

Outcome A3.2:
a. **Expanded needle and syringe programmes to regularly reach people who inject drugs**
b. **Expanded opioid substitution therapy to regularly reach people who inject opioids**
c. **Increased coverage of other evidence based drug dependence treatment services among people who use opioids and/or use stimulant drugs**
d. **Doubled the number of people who use drugs and living with HIV who have access to timely and uninterrupted antiretroviral therapy**

Output A3.2.1 Provision of HIV prevention, treatment, care and support services including drug dependence treatment, as per UN guidance, for people who use drugs including those living in prisons and other closed settings.

Joint deliverables
J1. UNICEF, UNFPA, UNODC, UNESCO
a. Support countries to implement youth-friendly harm reduction and drug dependence treatment services.
J2. UNFPA, UNODC, WHO
a. Facilitate selection, approval, procurement and distribution of affordable prevention and treatment medicines and commodities for people who use drugs, including opioid substitution drugs, sterile injecting equipment and condoms, both in community and in prisons and other closed settings.
J3. UNODC, WHO, World Bank

a. Provide technical support to countries for setting targets, national strategic planning and strengthening services in collaboration with PLHIV and networks of people who use drugs, to deliver comprehensive HIV prevention, treatment and care including drug dependence treatment.

J4. UNODC, WHO

a. Provide guidance to countries on prevention & management of active viral hepatitis in the context of HIV infection including global case definition of chronic liver disease for use in resource-poor settings in an HIV context (main focus on people who inject drugs).

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	161,700	75,400	87,100	21,000	87,100	24,700	32,400	21,000	27,000	537,400
UNFPA	135,100	75,100	69,800	18,200	36,400	95,400	27,700	22,100	54,200	534,000
UNODC	1,725,000	1,725,000	1,006,300	201,300	805,000	603,800	402,500	603,800	402,500	7,475,200
UNESCO	145,500	191,100	52,400	4,100	35,800	41,700	47,300	8,900	21,300	548,100
WHO	249,200	413,900	365,800	0	383,400	14,800	44,400	17,500	23,200	1,512,200
Subtotal Output A3.2.1	2,416,500	2,480,500	1,581,400	244,600	1,347,700	780,400	554,300	673,300	528,200	10,606,900
Subtotal Outcome A3.2	2,416,500	2,480,500	1,581,400	244,600	1,347,700	780,400	554,300	673,300	528,200	10,606,900
Subtotal Goal A3	4,849,800	3,654,600	2,187,500	427,500	1,852,600	1,076,800	855,600	999,900	820,100	16,724,400

GOAL B1: Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment

Gaps and Needs

20. Over 5 million people were receiving antiretroviral therapy (ART) as of end 2009, 36% of those eligible by treatment criteria recommended in WHO 2010 ART guidelines. Only 28% of all children younger than 15 years who are eligible have access to treatment.

21. Current guidelines recommend starting antiretroviral treatment earlier – with CD4 counts of ≤350 cells/mm3, which will reduce HIV mortality and morbidity, and enhance HIV and TB prevention, but also further stretch treatment resources.

22. The cost of treating all those in need is becoming prohibitive, particularly for countries with high HIV prevalence and limited health infrastructure. The intellectual property impediments to the affordability of medicines appear to be getting worse, especially for second-line and third-line regimens (and first-line regimens with reduced side-effects). Furthermore, current drug regimens used to treat adults and children, and tools for HIV diagnosis and treatment monitoring, remain too complex and expensive, hindering the decentralization and further expansion of treatment access.

23. Access to HIV and non-HIV health services is constrained by under-resourced health systems, and many ART programmes are not well-integrated, with other health care and prevention services or with community systems and services. Structural and other barriers continue to result in inequitable access for key populations and vulnerable groups. People living with HIV and affected communities remain insufficiently engaged in HIV care and prevention.

24. There is a need to expand related services that improve treatment outcomes, including those aimed at promoting and protecting human rights, food and nutritional support, family, workplace and humanitarian settings support services.

Impact	Indicators	Baseline	Target/ Scope	Data source	Frequency
B1:Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment	a. Percentage of adults and children with HIV still alive and known to be on treatment 12 months after initiation of antiretroviral therapy *[disaggregated by sex (female, male) and age (<15, 15+)]* (UNGASS #24)	UNGASS 2010	TBD CEWG/ UNICEF/WHO	ART Progr. M&E, HSR, UA	Annual
Outcome	**Indicators**	**Baseline**	**Target/ Scope**	**Data source**	**Frequency**
B1.1 Increased delivery and access to timely and uninterrupted treatment, care and support for people living with HIV[9]	a. Percentage of adults and children with HIV known to be receiving treatment 12 months after initiation of antiretroviral therapy *[disaggregated by sex (female, male) & age (<15, 15+)]* (GFATM, (UNGASS #24)	UNGASS 2010	Goal: 80% treatment coverage of all eligible people living with HIV	ART Progr. M&E, HSR, UA	Annual
	b. Retention rate of PLHIV after 6 – 12 months after initiation of ART (WHO)	WHO	TBD WHO/ CEWG	ART Progr. M&E	Annual
	c. Phase out of more toxic regimen (for example stavudine-based regimen) as first-line antiretroviral therapy (WHO)	IPTC/WHO	TBD WHO/ CEWG	ART Progr. M&E	Annual

[9] With particular focus on 20+ countries.

Outcome	Indicators	Baseline	Target/ Scope	Data source	Frequency
B1.2 Increased Access to and availability of, affordable HIV-related commodities[10]	a. Average treatment cost per patient (WHO)	TBD WHO/ CEWG	TBD WHO/ CEWG All countries	TBD WHO/ CEWG	Annual
	b. ART Nutritional Recovery Rate: Percentage of adult ART clients found to be malnourished at initiation of food support, who are considered to have recovered from malnutrition upon completion of food support.(WFP)	TBD WHO/WFP CEWG	TBD WHO/WFP CEWG All countries	TBD WHO/WFP CEWG	Annual
	c. Percentage of HIV programme services *(testing & counselling/ clinical services ART/OI Home-based care/ Programmes for OVC)* estimated to be provided by civil society *(NCPI B)'*	UNGASS 2010 *(sub-analysis of NCPI-B)*	TBD CEWG	UNGASS (NCPI-BII.Q7	Every 2 years
B1.3 Equitable access to treatment, care and support for key populations is ensured and monitored by countries to inform policy and programme implementation	a. Percentage of eligible adults and children currently receiving antiretroviral therapy *[(disaggregated by key population, sex, pregnancy status and age (<1, 1-4, 5-14,15+)]* (UNGASS #4)	UNGASS 2010 + disaggregation	Increase from BL to XX%	ART Progr. M&E	Annual

GOAL B1: Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment

Outcome B1.1: Increased delivery and access to timely and uninterrupted treatment, care and support for people living with HIV

Output B1.1.1 Global guidance adapted and implemented to achieve the five pillars of Treatment 2.0, including support for strategic information that measures effectiveness and impact, with particular focus on countries with high prevalence and low ART coverage.

Joint deliverables

J1. UNICEF, WHO

a. Strengthen global guidance and HIV service provision for adolescents living with HIV through drug & supply chain management & preventing stock-outs & addressing overstocks of ARV & underlying causes.

J2. UNHCR, UNICEF, WFP, WHO

a. Provide overall leadership and advocacy for treatment & mobilise resources for partners to achieve the goals of Treatment 2.0 at global, regional and country levels.

b. Identify evidence gaps and advocate for research across the five pillars of Treatment 2.0 initiative.

c. Support countries in generating strategic information to set country specific targets & monitor progress towards Treatment 2.0 goals & Universal Access (treatment, care & support).

Individual deliverables

1. UNICEF

a. Strengthen HIV service provision for adolescents living with HIV through (1) policy and operational guidance, technical assistance & training for service providers; (2) national ownership, coordination synergies to accelerate paediatric & adolescent treatment & care scale up, and (3) global monitoring of adolescents living with HIV.

2. WHO

a. Co-coordinate Treatment 2.0 initiative (incl. partner mobilization, civil society service delivery partners & communities, advocacy & tracking progress leadership and policy recommendations.

b. Provide guidance, tools and country support for monitoring (1) outcome & impact of treatment, care and support; (2) acquired & transmitted HIV drug resistance; (3) ARV pharmaco-vigilance.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	347,200	231,500	99,200	0	31,100	207,500	23,100	37,700	179,900	1,157,200
UNICEF	181,500	145,300	62,700	33,500	41,800	108,700	29,300	37,600	104,500	744,900

[10] All countries

WFP	96,100	240,200	0	0	0	0	0	0	0	336,300
WHO	1,121,400	1,589,900	585,300	0	239,700	229,400	155,200	270,600	358,700	4,550,200
Subtotal Output B1.1.1	1,746,200	2,206,900	747,200	33,500	312,600	545,600	207,600	345,900	643,100	6,788,600

Output B1.1.2 Drug regimens optimized (Pillar 1), with minimal toxicities, high barriers to resistance, limited drug interactions & fixed dose combinations or easy-to-use paediatric formulations.

Joint deliverables
J1. UNICEF, WHO
a. Provide revised guidelines & technical support on ART for HIV + adults & children; diagnosis, prevention and management of opportunistic infections & co-infections in adults & children & technical guidance on paediatric ARV product selection.
b. Develop prioritized list of desired new ARV combinations & conduct focused advocacy with industry & other stakeholders.

Individual deliverables
1. WHO
a. Maintain Essential Medicines List and Expression of Interest List; prequalify medicines and publish in the *WHO List of Prequalified Medicines*.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	36,300	0	6,700	3,500	4,400	11,600	3,100	4,000	11,100	80,700
WHO	872,200	292,400	109,800	0	19,200	44,400	33,200	52,400	69,400	1,493,000
Subtotal Output B1.1.2	908,500	292,400	116,500	3,500	23,600	56,000	36,300	56,400	80,500	1,573,700

Output B1.1.3 Promotion and Expansion in the use of point-of-care and other simplified platforms for diagnosis and treatment monitoring (Pillar 2 of Treatment 2.0) (e.g. rapid diagnosis, point-of-care CD4 and viral load testing, and tests for related conditions)

Individual deliverables
1. UNICEF
a. Provide operational guidance technical support, advocacy, and policy recommendations to countries to accelerate adoption of new Point of Care (POC) technologies for early infant HIV diagnosis (EID) and CD4.
2. WHO
a. Provide global guidance and technical support on (1) Point of Care (POC) & other simplified diagnostics; (2) selection, procurement, use & maintenance of simplified laboratory technologies for diagnosis &monitoring, treatment of TB, HIV & viral hepatitis.
b. Prequalify priority diagnostics & publish WHO List of Prequalified Diagnostics; include technical updates & external quality assessments; Serve as Secretariat for *Global Incidence Working Group* for development of validation protocols & training in countries.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	72,600	24,100	8,800	4,700	5,900	15,200	4,100	5,300	14,600	155,300
WHO	872,200	279,500	73,200	0	28,800	44,400	33,200	52,400	69,400	1,453,100
Subtotal Output B1.1.3	944,800	303,600	82,000	4,700	34,700	59,600	37,300	57,700	84,000	1,608,400
Subtotal Outcome B1.1	3,599,500	2,802,900	945,700	41,700	370,900	661,200	281,200	460,000	807,600	9,970,700

Outcome B1.2: Increased Access to and availability of affordable HIV-related commodities

Output B1.2.1 National legislative, procurement and other systems strengthened to make use of TRIPS flexibilities, pooled procurement and local production and cost-reduction and financial sustainability plans for drugs, diagnostics and non-commodity costs developed (Pillar 3 of Treatment 2.0).

Joint deliverables
J1. UNICEF, WHO
a. Publish global & regional trends in drugs & other commodities use.
b. Provide advice on use of TRIPS flexibilities & other mechanisms to reduce cost of medicines & commodities.

Individual deliverables
1. UNDP
a. Provide support to reduce cost through appropriate use of market mechanisms, TRIPS flexibilities & innovation policy.

2. WHO
a. Act as Secretariat for the *AIDS Medicines & Diagnostics Network* of technical partners.
b. Maintain & update *Global Price Reporting Mechanism* database & forecast global & regional demand for drugs & other commodities.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	0	24,100	8,800	4,700	5,900	15,200	4,100	5,300	14,600	82,700
UNDP	205,700	205,700	41,100	13,700	54,900	82,300	41,100	27,400	13,700	685,600
WHO	623,000	283,800	73,200	0	38,300	44,400	33,200	52,400	69,400	1,217,700
Subtotal Output B1.2.1	828,700	513,600	123,100	18,400	99,100	141,900	78,400	85,100	97,700	1,986,000

Output B1.2.2 Service delivery decentralized and integrated with prevention and other health programmes to increase access to and quality and sustainability of treatment (Pillar 4 of Treatment 2.0).

Individual deliverables
1. UNICEF
a. Strengthen capacity at facility & community-level to deliver care for children living with, and exposed to HIV.
b. Support countries in addressing stock outs and overstocks of ARV and their underlying causes.
2. WFP
a. Integrate food & nutrition support with HIV treatment to increase treatment success & adherence, & reduce malnutrition.
3. ILO
a. Foster demand for HIV testing as entry point to enhanced treatment & facilitate access to treatment through workplace engagement, with special focus on vulnerable workers in identified economic sectors.
4.WHO
a. Provide guidance, tools, strategic information & technical support on (1) decentralized, integrated service delivery; (2) retention in care; (3) HIV testing algorithms, testing strategies, selection of HIV testing approaches, & testing for discordant couples; & (4) procurement & supply management.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	245,000	163,400	59,400	31,600	39,600	102,900	27,700	35,600	98,900	804,100
WFP	384,300	1,152,900	40,400	0	0	231,400	40,400	0	168,300	2,017,700
ILO	72,000	48,000	20,700	11,500	12,700	34,700	13,800	9,200	17,300	239,900
WHO	747,600	569,200	182,900	0	76,600	88,800	66,600	104,800	138,900	1,975,400
Subtotal Output B1.2.2	1,448,900	1,933,500	303,400	43,100	128,900	457,800	148,500	149,600	423,400	5,037,100

Output B1.2.3 Demand for treatment increased by mobilising communities (Pillar 5 of Treatment 2.0), promoting policies & engaging them in strategies, service design & delivery, adherence & provision of care & support including nutritional support and ensuring human rights of all affected communities (esp. key populations).

J Joint deliverables
J1. UNICEF, WFP, WHO
a. Strengthen community systems to ensure community engagement in developing testing & counselling strategies, service design & delivery, adherence & provision of care & support, including food and nutritional support to increase treatment success and adherence.

Individual deliverables
1. WFP
a. Integrate food and nutrition support with HIV treatment to increase treatment success and adherence, and reduce malnutrition.
2. ILO
a. Build capacity among world of work actors to support the implementation of comprehensive workplace policies that actively promote referrals of workers for early diagnosis of HIV and ART.
3. UNESCO
a. Strengthen networks of teachers and learners living with HIV to realise their right to Universal Access.
4. WHO
a. Strengthen knowledge of civil society on treatment (treatment literacy).

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	145,200	109,900	26,400	14,100	17,600	45,700	12,300	15,800	44,000	431,000
ILO	133,800	89,100	38,500	21,400	23,600	64,400	25,600	17,100	32,100	445,600

UNESCO	115,000	122,700	50,700	1,800	76,400	16,400	60,200	0	16,900	460,100
WFP	509,200	1,008,800	40,300	0	0	231,400	40,400	0	168,300	1,998,400
Subtotal Output B1.2.3	903,200	1,330,500	155,900	37,300	117,600	357,900	138,500	32,900	261,300	3,335,100
Subtotal Outcome B1.2	3,180,800	3,777,600	582,400	98,800	345,600	957,600	365,400	267,600	782,400	10,358,200

Outcome B1.3: Equitable access to treatment, care and support for key populations is ensured and monitored by countries to inform policy and programme implementation

Output B1.3.1 Policies and programmes address equitable access to treatment, care and support for children, women and men, with a particular focus on key populations.

Individual deliverables
1. UNHCR
a. Provide continuity of ART for PLHIV at onset of humanitarian emergencies & improve access to care, support & treatment.
2. UNICEF
a. Support countries in accelerating paediatric care & treatment scale up by strengthening national ownership, coordination & resource-mobilisation.
b. Provide operational guidance and technical support to improve guidance and tools on management of early infant diagnosis programs, develop systems to expedite the EID results to underserved areas and allow real-time tracking of ART referrals.
3. UNODC
a. Advocate and support countries to increase access to ARV & to ensure continuity of care for people who use drugs & for people living in and/or released from prisons and other closed settings.
4. WHO
a. Develop global guidance & support countries to adapt & implement comprehensive services for key populations.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	168,100	144,100	41,500	0	18,400	98,000	9,200	23,100	92,200	594,600
UNICEF	108,900	72,600	25,200	13,500	16,800	43,800	11,800	15,100	42,100	349,800
WHO	124,600	113,200	36,600	0	19,200	14,800	11,000	17,500	23,200	360,100
Subtotal Output B1.3.1	401,600	329,900	103,300	13,500	54,400	156,600	32,000	55,700	157,500	1,304,500

Output B1.3.2 Country-specific strategic information generated to monitor access for key populations by documenting barriers to be addressed.

Joint deliverables
J1.1 UNICEF, WHO
a. Support generation of country-specific strategic information to monitor access to services by key populations (including children & adolescents) & technical guidance to allow real-time tracking of ART referrals, expedite early infant HIV diagnosis (EID) results to underserved areas and document barriers to care.
b. Technical support, to countries to identify bottlenecks to equitable access of ART for children and pregnant women, with an emphasis on M&E capacity building at the sub-national level.
c. Provide technical guidance, tools and country support to monitor access to treatment for key populations, children & pregnant women, address bottlenecks; and document public health implications of policy & legislative barriers to access.

Individual deliverables
1. WFP
a. Provide food and nutrition support to PLHIV in humanitarian emergencies to ensure continued access and adherence to HIV treatment and care, and enhanced nutritional recovery and treatment success.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	72,600	48,400	17,600	9,400	11,700	30,500	8,200	10,600	29,300	238,300
WFP	96,100	288,200	0	0	0	0	0	0	0	384,300
WHO	124,600	304,000	109,800	0	57,500	44,400	22,200	52,400	69,400	784,300
Subtotal Output B1.3.2	293,300	640,600	127,400	9,400	69,200	74,900	30,400	63,000	98,700	1,406,900
Subtotal Outcome B1.3	694,900	970,500	230,700	22,900	123,600	231,500	62,400	118,700	256,200	2,711,400
Total Goal B1	7,475,200	7,551,000	1,758,800	163,400	840,100	1,850,300	709,000	846,300	1,846,200	23,040,300

GOAL B2: TB deaths among people living with HIV reduced by half

Gaps and Needs

25. Tuberculosis is the leading cause of death among HIV infected people. In 2009, cases of HIV and TB co-infection accounted for more than 23% of all TB deaths and 22% of all deaths among people living with HIV (0.4 million deaths in 2009). 83% of HIV-related deaths occur in sub-Saharan Africa (mortality is 20 times higher than elsewhere in the world). Only 140,000 TB patients living with HIV received ART in 2009.

26. The WHO "Interim" Policy on collaborative TB/HIV activities focuses on decreasing the joint burden of TB and HIV for adults and children. Prevention of TB among people living with HIV requires prevention interventions for both HIV infection and TB including earlier anti-retroviral therapy and the Three I's for HIV/TB: isoniazid preventive therapy (IPT) for adults and children, intensified case finding (ICF) and infection control for TB (IC).

27. A strong TB program is important for those diagnosed with TB. Malnutrition in co-infected individuals jeopardizes the effectiveness of treatment.

28. The implementation of the Three I's for HIV/TB and earlier ART has been very slow. By the end of 2009 only 86,000 of the 33.4 million people living with HIV had received IPT and only 1.7 million people estimated to be living with HIV were screened for TB; ART treatment coverage for people living with HIV is below 40%.
29. Barriers to the implementation of the Three I’s for HIV/TB and earlier ART include: a lack of political leadership and weak advocacy, misconceptions about IPT, weak drug supply chain, lack of health care worker knowledge of IPT, missing monitoring and evaluation systems for collaborative TB/HIV activities. Lack of information about TB among people living with HIV, activists and those from other populations is a key barrier to promoting TB prevention, treatment and advocacy and generating demand at the grass root level.

30. There is a lack of empowerment and human rights literacy among people infected with or at risk of TB, driven partly by anti-TB stigma within the HIV community. This undermines social mobilization and prevents people from understanding their TB risk and claiming their right to treatment.

31. For people with drug-resistant TB, there is a lack of community-based alternatives to detention in facilities with poor infection control. As a result, there is over-reliance on ineffective detention approaches that violate human rights.

32. There is insufficient research and development into better TB medications overall.

Impact	Indicators	Baseline	Target/ Scope	Data source	Frequency
B2: TB deaths among people living with HIV reduced by half	a. Percentage of HIV positive tuberculosis patients who died while on tuberculosis treatment (WHO)	WHO 2010 *(disaggregated by age & sex)*	TBD WHO/ CEWG	Nat TB Progr. M&E	Annual
Outcome	**Indicators**	**Baseline**	**Target/ Scope**	**Data source**	**Frequency**
B2.1 More people living with HIV diagnosed and	a. Number of adults and children enrolled in HIV care whose TB status was	<5% of people living with HIV	100% of all people living with HIV screened for TB	Nat TB Progr M&E	Annual

receiving TB treatment[11]	assessed and recorded during their last visit (WHO)	<1% of all people living with HIV	50% of people living with HIV enrolled in HIV care in high burden settings on IPT	Nat TB Progr. M&E	Annual
		No baseline for Infection Control	100% of TB/HIV high burden countries with sound infection control plan in place	Nat TB Progr. M&E	Annual
B2.2 Burden of TB among people living with HIV reduced[5]	a. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV (UNGASS #6)	17% of estimated TB/HIV cases receiving treatment for TB and HIV in 2009; 34% of registered cases	100% of all registered HIV positive TB cases by 2015 *By 2013, 50% of HIV-positive incident TB cases for both TB & HIV are treated.*	TB&AIDS Progr. M&E	Annual
B2.3 Knowledge of HIV status among TB patients increased and burden of HIV reduced[5]	a. Percentage of TB patients who had an HIV test result recorded in the TB register (WHO)	26% of all registered TB patients in 2009	100% of all registered TB patients : 80% of TB patients in countries know their HIV status.	Nat TB Progr. M&E	Annual
	b. Number of workplaces (per country) that, implemented dual HIV/TB workplace programmes (ILO)	TBD ILO/ CEWG	TBD ILO/ CEWG	TBD ILO/ CEWG	Annual

GOAL B2: TB deaths among people living with HIV (PLHIV) reduced by half

Outcome B2.1: More people living with HIV diagnosed and receiving TB treatment

Output B2.1.1 Country systems strengthened & HIV/TB collaborative activities implemented to reduce the burden of TB & HIV for people living with HIV (including the three I's for HIV/TB and earlier treatment to prevent TB transmission, morbidity and mortality).

<u>**Joint deliverables**</u>
J1. UNICEF, UNODC, WHO
a. Support the implementation of HIV/TB collaborative activities within national AIDS and TB planning and programmes and to integrate TB & HIV control efforts into other programmes.
b. Engage the infected & affected community in a meaningful collaboration to address HIV and TB.
J2. UNICEF, WHO
a. Evaluate utility of new TB diagnostics to improve diagnosis of TB in HIV-infected children and develop guidelines for PMTCT/TB integration and scale-up in countries with high TB/HIV co-infection.

<u>**Individual deliverables**</u>
1. UNODC
a. Advocate and provide technical assistance to countries to implement joint HIV/TB programme and activities and to ensure continuity of access for people who use drugs and for people living in and/or released from prisons and other closed settings.
2. ILO
a. Support national and enterprise level structures to implement TB/HIV workplace programmes for vulnerable workers in specific sectors such as mining, health and construction.
3. WHO
a. Build normative guidance & country capacity to monitor & evaluate collaborative TB/HIV activities & report TB deaths among people living with HIV as well as country, regional and global progress reporting of TB & HIV interventions.

[11] Countries accounting for 85% of the global burden of HIV/TB: Brazil, Cameroon, China, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Malawi, Mozambique, Myanmar, Nigeria, Rwanda, South Africa, Swaziland, Thailand, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	71,800	47,900	0	0	55,400	61,300	0	0	0	236,400
ILO	97,000	64,800	27,900	15,500	17,100	46,700	18,600	12,400	23,400	323,400
WHO	124,600	154,700	54,900	0	28,800	22,200	0	26,200	34,700	446,100
Subtotal Output B2.1.1	293,400	267,400	82,800	15,500	101,300	130,200	18,600	38,600	58,100	1,005,900
Subtotal Outcome B2.1	293,400	267,400	82,800	15,500	101,300	130,200	18,600	38,600	58,100	1,005,900

Outcome B2.2: Burden of TB among people living with HIV reduced

Output B2.2.1 Access to ART to prevent TB for all PLHIV who are eligible, and for all TB patients irrespective of CD4 count.

Joint deliverables
J1. UNICEF, UNODC, WHO
a. Collaborate to support the nationwide implementation of the 'Three Is' HIV/TB collaborative activities within national AIDS and TB programmes.

Individual deliverables
1. WHO
a. Provide normative guidance & technical support to (1) decentralize HIV treatment & prevention using TB services & promote integration of TB & HIV services into primary health care; and (2) integrate TB prevention & diagnosis into maternal & child health services including PMTCT.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WFP	0	480,400	15,000	9,200	9,200	87,200	15,000	0	56,500	672,500
WHO	498,400	513,200	219,500	0	76,600	74,000	33,200	87,300	115,700	1,617,900
Subtotal Output B2.2.1	498,400	993,600	234,500	9,200	85,800	161,200	48,200	87,300	172,200	2,290,400
Subtotal Outcome B2.2	498,400	993,600	234,500	9,200	85,800	161,200	48,200	87,300	172,200	2,290,400

Outcome B2.3: Knowledge of HIV status among TB patients increased and burden of HIV reduced in countries

Output B2.3.1 HIV testing and counselling for TB patients expanded; HIV prevention, treatment and care services provided by TB programmes; more HIV-positive TB patients on antiretroviral therapy and co-trimoxazole preventive therapy; and HIV care and support, including nutrition, for TB patients living with HIV improved.

Individual deliverables
1. WFP
a. Integrate food & nutrition support with TB treatment to increase treatment success & adherence, & reduce malnutrition.
2. ILO
a. Support implementation of comprehensive HIV workplace policies & programmes that actively promote TB case-finding for workers living with HIV & voluntary counselling & testing for workers with TB in key sectors such as health, mines & construction.
3. WHO
a. Provide (1) normative guidance to integrate HIV prevention, treatment and care into TB services & (2) technical support for nationwide expansion of HIV testing to those with presumptive & confirmed TB.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WFP	221,000	1,056,900	28,800	18,400	18,400	160,300	28,800	0	129,500	1,662,100
ILO	226,400	150,900	65,200	36,200	40,000	109,000	43,500	29,000	54,500	754,700
WHO	497,800	224,200	109,800	0	38,300	29,600	22,200	34,900	45,900	1,002,700
Subtotal Output B2.3.1	945,200	1,432,000	203,800	54,600	96,700	298,900	94,500	63,900	229,900	3,419,500
Subtotal Outcome B2.3	945,200	1,432,000	203,800	54,600	96,700	298,900	94,500	63,900	229,900	3,419,500
Total Goal B2	1,737,000	2,693,000	521,100	79,300	283,800	590,300	161,300	189,800	460,200	6,715,800

GOAL B3: PLHIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support

Gaps and Needs

33. People infected and affected by HIV still face significant barriers accessing HIV treatment care and support. HIV sensitive social protection, including social transfers, as part of national social protection systems, can significantly scale up access to services among people living with and affected by HIV.

34. Coverage of comprehensive social protection remains low, particularly in low income countries and for populations affected by humanitarian situations. An estimated 75-80% of the global population, including PLHIV and key populations, do not have access to social protection measures to allow them to deal with life's risks.

35. On average only 11% HIV affected households caring for children get any form of external support. Integration of treatment programmes with food and nutrition support remains inadequate. Financial barriers also threaten treatment access and adherence

36. Care givers, who are predominantly female, continue to face a high financial and emotional burden. Many national strategies lack comprehensive care and support programmes, including access to palliative care.

Impact	Indicators	Baseline	Target/ Scope	Data source	Frequency
B3: PLHIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support	a. Percentage of eligible households who received economic support in the last 3 years (modified UNGASS #10)	UNGASS 2010	TBD CWEG/ WHO/ UNICEF/WFP	Modified UNGASS #10	Every two years
Outcome	**Indicators**	**Baseline**	**Target/ Scope**	**Data source**	**Frequency**
B3.1 Increased access to HIV-sensitive social transfers (cash, food, in-kind) by vulnerable people and households affected by HIV and AIDS)[12]	a. Referral to Food Security Services: Percentage of HIV care and treatment clients vulnerable to food insecurity who are referred from clinical facilities to food security services (PEPFAR) b.	TBD WFP/ CEWG	TBD WFP/ CEWG	TBD WFP/ CEWG	Annual
B3.2 National social protection plans and social health insurance schemes incorporate access to HIV prevention, treatment and care[13]	a. UNGASS 1: Domestic and international AIDS spending by categories and financing sources (category 6: social protection and social services) (UNGASS #1)	UNGASS 2010	TBD World Bank/ UNICEF/ WHO/ CEWG	UNGASS #1	TBD World Bank/ UNICEF/ WHO/ CEWG
B3.3 People and households affected by HIV have increased access to care, protection and support[14]	a. Current school attendance among orphans and non-orphans aged 10-14 (UNGASS #12)	UNGASS 2010	TBD UNICEF/ CEWG	DHS, MICS, Repres. survey	Every 3-4 years

[12] In 8 out of 10 high prevalence countries
[13] In 3 high burden middle income countries by 2013
[14] In 3 out of 6 selected countries.

	b. Percentage of orphaned and vulnerable children, aged 5-17 years, who receive free basic support through schools (UNESCO)	TBD UNESCO/ CEWG	TBD UNESCO/ CEWG	TBD UNESCO/ CEWG	TBD UNESCO/ CEWG

Goal B3: PLHIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support

Outcome B3.1: Increased access to HIV-sensitive social transfers (cash, food, in-kind) by vulnerable people and households affected by HIV and AIDS

Output B3.1.1 HIV sensitive social transfers are incorporated into national social protection policies and programmes (cash, food, in-kind).

Joint deliverables
J1. UNHCR, UNICEF, WFP, World Bank
a. Support the implementation and scale up of HIV sensitive social transfers (cash, food and vouchers) including for HIV affected populations of humanitarian concern.
J2. UNICEF, WFP, ILO, World Bank
a. Provide technical support to countries to ensure national social protection policies and strategies include HIV sensitive social transfers.
J3. ILO, WHO
Ensure UN social protection floor responds to the needs of vulnerable households affected by HIV.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	336,300	225,800	99,200	0	31,100	207,500	23,100	37,700	179,900	1,140,600
UNICEF	220,500	239,500	89,800	47,900	59,900	217,300	40,100	53,900	89,800	1,058,700
WFP	0	336,300	32,300	0	0	156,400	32,300	0	115,300	672,600
ILO	114,700	76,500	33,000	18,300	20,300	55,200	22,000	14,700	27,600	382,300
World Bank	70,000	302,400	22,400	11,200	11,200	89,600	6,700	4,500	56,000	574,000
Subtotal Output B3.1.1	741,500	1,180,500	276,700	77,400	122,500	726,000	124,200	110,800	468,600	3,828,200

Output B3.1.2 Evidence based guidance developed in relation to HIV sensitive social transfers.

Joint deliverables
J1. UNICEF, WFP, UNDP, ILO, World Bank
a. Strengthen and disseminate global evidence on HIV sensitive social protection.
b. Develop guidance on HIV sensitive social protection.

Individual deliverables
1. World Bank
a. Support countries to undertake analyses to improve the quality of HIV sensitive social protection programmes.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	292,400	47,900	17,900	9,600	12,000	43,400	8,000	10,800	18,000	460,000
WFP	172,900	192,200	13,800	0	0	66,900	13,800	0	49,600	509,200
UNDP	238,200	112,300	40,900	16,400	8,200	57,300	8,200	8,200	24,600	514,300
ILO	114,700	76,500	33,000	18,300	20,300	55,200	22,000	14,700	27,600	382,300
World Bank	70,000	302,400	22,400	11,200	11,200	89,600	6,700	4,500	56,000	574,000
Subtotal Output B3.1.2	888,200	731,300	128,000	55,500	51,700	312,400	58,700	38,200	175,800	2,439,800

Output B3.1.3 Advocacy and communications strategy addressing investments in HIV sensitive social protection is developed.

Joint deliverables
J1. UNICEF, WFP, UNDP, ILO, WHO, World Bank
a. Create and implement advocacy campaigns to encourage increases in investment towards HIV- sensitive social protection.

Individual deliverables
1. UNHCR
a. Advocate for systems of social standard and benefits to include all persons of concern including PLHIV in countries hosting forcibly displaced populations.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	432,400	288,200	138,400	0	34,600	276,700	45,000	46,100	179,900	1,441,300
UNICEF	143,700	47,900	17,900	9,600	12,000	43,400	8,000	10,800	18,000	311,300
WFP	96,100	192,200	13,800	0	0	66,900	13,800	0	49,600	432,400
UNDP	70,300	196,300	61,900	24,800	12,400	86,700	12,400	12,400	37,200	514,400
ILO	68,800	45,800	19,800	11,000	12,200	33,100	13,200	8,800	16,600	229,300
Subtotal Output B3.1.3	811,300	770,400	251,800	45,400	71,200	506,800	92,400	78,100	301,300	2,928,700
Subtotal Outcome B3.1	2,441,000	2,682,200	656,500	178,300	245,400	1,545,200	275,300	227,100	945,700	9,196,700

Outcome B3.2: National social protection plans and social health insurance schemes incorporate access to HIV prevention, treatment and care

Output B3.2.1 National social protection, social health insurance or other health financing strategies reviewed and revised.

Joint deliverables
J1. UNICEF, WHO, World Bank
a. Provide technical support to countries to address progressive health financing

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	126,700	97,700	32,800	17,500	21,900	79,500	14,700	19,700	32,900	443,400
WHO	37,400	22,700	10,900	0	11,500	0	0	0	6,900	89,400
World Bank	70,000	453,600	33,600	16,800	16,800	134,400	10,100	6,700	84,000	826,000
Subtotal Output B3.2.1	234,100	574,000	77,300	34,300	50,200	213,900	24,800	26,400	123,800	1,358,800

Output B3.2.2 Innovative ways to finance HIV related health care promoted.

Joint deliverables
J1. UNICEF, WHO, World Bank
a. Document and publicize new & innovative ways to finance healthcare, focusing on HIV.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	71,900	47,900	17,900	9,600	12,000	43,400	8,000	10,800	18,000	239,500
WHO	37,400	46,600	10,900	0	11,500	0	11,100	17,500	6,900	141,900
World Bank	70,000	453,600	33,600	16,800	16,800	134,400	10,100	6,700	84,000	826,000
Subtotal Output B3.2.2	179,300	548,100	62,400	26,400	40,300	177,800	29,200	35,000	108,900	1,207,400

Output B3.2.3 Advocacy strategy for progressive and sustainable HIV financing is developed.

Joint deliverables
J1. UNICEF, WHO
a. Advocate for (1) prepayment for health services & health insurance, & against excessive reliance on out-of-pocket expenditures as a means of financing HIV related health expenditure; and (2) broader availability of health care & improved efficiency & effectiveness in HIV service delivery esp. for key populations.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	71,800	0	0	0	0	0	0	0	0	71,800
WHO	49,800	42,900	14,600	0	15,300	14,700	0	0	9,200	146,500
Subtotal Output B3.2.3	121,600	42,900	14,600	0	15,300	14,700	0	0	9,200	218,300
Subtotal Outcome B3.2	535,000	1,165,000	154,300	60,700	105,800	406,400	54,000	61,400	241,900	2,784,500

Outcome B3.3: People and households affected by HIV have increased access to care, protection and support

Output B3.3.1 National HIV/AIDS strategies are reviewed and incorporate comprehensive responses to care, protection and support including for key populations.

Joint deliverables
J1. UNICEF, WFP, WHO
a. Review national strategies to ensure comprehensive care & support for AIDS-affected families & children.
J2. UNICEF, WHO
a. Document and share research undertaken on changing care and support landscape in relation to treatment.

Individual deliverables
1. UNHCR
a. Support the inclusion of populations affected by humanitarian situations in national HIV strategies.
2. UNICEF
a. Provide support to countries to strengthen their national M&E system for social protection, care and support.
3. ILO
a. Develop national workplace strategies to tackle workplace stigma and discrimination and forge partnerships to enhance care and support.
4. WHO
a. Provide normative guidance & technical support for the review & revision of national palliative care strategies & responses.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	336,300	225,800	99,200	0	31,100	207,500	23,100	37,700	179,900	1,140,600
UNICEF	337,300	289,300	104,700	55,800	69,800	253,400	46,800	62,800	104,700	1,324,600
ILO	84,100	56,100	24,200	13,500	14,900	40,500	16,100	10,800	20,200	280,400
Subtotal Output B3.3.1	757,700	571,200	228,100	69,300	115,800	501,400	86,000	111,300	304,800	2,745,600

Output B3.3.2 Strengthened national care and support systems (both government and non-government).

Joint deliverables
J1. UNICEF, WFP, UNESCO
a. Provide technical assistance for government and civil society to strengthen national care, protection and support systems for HIV affected children, young people & families.

Individual deliverables
1. UNODC
a. Advocate, promote & build capacity of national partners including civil society organizations to provide social protection services, including reintegration and rehabilitation programmes, for people who use drugs & for people living in &/or released from prisons & other closed settings.

Core Resources (US$)										
Agency	**Global**	**20+ Countries**	**AP**	**CAR**	**EECA**	**ESA**	**LA**	**MENA**	**WCA**	**Total**
UNICEF	287,400	287,400	107,800	57,500	71,800	260,800	48,100	64,600	107,800	1,293,200
WFP	0	144,100	20,800	0	0	90,700	20,800	0	60,000	336,400
UNESCO	96,700	136,900	30,400	2,200	17,900	34,900	16,700	3,700	32,600	372,000
Subtotal Output B3.3.2	384,100	568,400	159,000	59,700	89,700	386,400	85,600	68,300	200,400	2,001,600
Subtotal Outcome B3.3	1,141,800	1,139,600	387,100	129,000	205,500	887,800	171,600	179,600	505,200	4,747,200
Total Goal B3	4,117,800	4,986,800	1,197,900	368,000	556,700	2,839,400	500,900	468,100	1,692,800	16,728,400

GOAL C1: Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half

Gaps and Needs

37. Protective legal environments - including laws, law enforcement and access to justice, are essential to the achievement of universal access to HIV prevention, treatment, care and support, while punitive laws and practices undermine the HIV response. Countries must ensure that their laws, law enforcement and justice systems contribute to the realization of the right to health, a right enjoyed by everyone, including criminalized populations. Two-thirds of countries now have some form of legal protection against discrimination for people living with HIV. Many countries fail to enforce protective laws and in many cases, enforcement practices contribute to human rights violations which fuel the spread of HIV. Unfortunately, roughly one-quarter of countries have inappropriately framed laws that broadly criminalize HIV transmission or exposure, creating legal disincentives to HIV testing and disclosure while doing little or nothing to reduce new infections.

38. Protection against discrimination based on HIV status remains an urgent priority in all countries, as does legal protection for women and legal access to HIV services and commodities for young people. Despite wide-spread and sometimes virulent homophobia, the number of countries decriminalizing homosexual behavior is slowly increasing. Nevertheless, over one-third of countries still criminalize same-sex activities between consenting adults, and there is a strong association between such illegality and poor service coverage and uptake.

39. Legal barriers to universal access for male, female and transgender sex workers, and people who use drugs are particularly severe. Legal access to comprehensive harm reduction services and products is demonstrably associated with a dramatic reduction in HIV infections linked to injection drug use, but globally, less than 10% of people who use drugs have access to harm reduction services. At least 32 countries have death penalty of people who use drugs and at least 27 countries have compulsory drug detention centres. Similarly, few countries have legal environments that facilitate organization and self-protection amongst sex workers. Sex work is criminalized in many countries with a range of countries having forced rehabilitation programmes for sex workers and it is estimated that only one in three sex workers have access to HIV prevention services and support.
40. Even in countries with protective laws, law enforcement is often lacking, selective and/or abusive. It may also be characterized by ‘moral policing’ rather than enforcement of laws as reflected in the national constitution.
41. Law reform needs to ensure a protective and enabling legal environment for HIV which addresses conflict in laws e.g. public health law, trade law, immigration law, criminal law, HIV laws
42. Few countries are implementing or taking to scale the key programmes necessary to reduce stigma and increase access to justice: stigma reduction, legal/human rights literacy, law reform, legal services, training of police and health care workers on HIV and human rights, reducing harmful gender norms and violence against women.

Impact	Indicators	Baseline	Target/ Scope	Data source	Frequency
C1: Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half	a. Percentage (and number) of countries with punitive laws and regulations around HIV, sex work, drug use or homosexuality (Secretariat)	TBF UNDP/ILO CEWG/ ECOSOC 2010	Domestic action to influence laws & legal barriers in at least 50 countries; Law successfully reformed in at least 20 countries.	Global: ECOSOC report Country: Joint Team Survey	Annual
Outcome	**Indicators**	**Baseline**	**Target/ Scope**	**Data source**	**Frequency**
C1.1 Inappropriate criminalization of HIV transmission and legal barriers to HIV service utilization reversed, including attention to specific needs of young people and women	a. Number (& percentage) of countries with laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for populations most at risk & young people (NCPI Part AI Q6 & Part BI Q3)[15].	**116** criminalise aspect of sex work **79** countries & territories worldwide criminalise same-sex sexual relations **32** have laws allowing death penalty for drug-related offences	In at least 50 countries with counter-productive laws or legal environments, and legal barriers, and at least 20 countries that succeed in law reform.	(UNGASS) NCPI Part A.I Q6 Part B.I Q3 Global: ECOSOC report Country: UCC survey	Every 2 years TBD UNDP/ILO CEWG/
	b. % of countries with >10,000 refugees or IDPs that have legislation protecting Points of Care from mandatory testing for HIV (UNHCR)	Baseline 2010	TBD UNHCR/ CEWG	UNHCR reports/ survey of countries	Annual
C1.2 Stigma and discrimination reduced and access to justice increased for people living with HIV and other key populations in all countries.	a. Percentage (& number) of countries with non-discriminatory laws or regulations for key populations (NCPI- A[16])	UNGASS 71% of 124 countries reporting in 2010	1. Domestic action to influence laws & legal barriers in at least 50 countries; 2. Law successfully reformed in at least 20 countries.	(UNGASS) NCPI 2010 Part AI Q5 Part BI Q2	Every 2 years

GOAL C1: Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses, reduced by half

Outcome C1.1: Inappropriate criminalization of HIV transmission and legal barriers to HIV service utilization reversed, including attention to specific needs of young people and women

Output C1.1.1 Movements for HIV related law reform are catalyzed and/or supported

Joint deliverables
J1. UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank
a. Strengthen and update evidence base on HIV & law reform, & make it available to key stakeholders.
b. Facilitate dialogue between parliamentarians, human rights bodies, the judiciary, legal profession, religious leaders, public health leaders, civil society & key populations.
c. Advocate for under 18-year-olds to have the right to health, education and full participation in society, including access to anonymous and confidential HIV testing.
J2. UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank
a. Build partnerships with PLHIV, civil society & human rights activists in support of advocacy for legal reform & to 'know your rights'.

[15] NCPI 2010 Part AI Q6: *Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?*
(= NCPI 2010 Part BI Q3)

[16] NCPI 2010 Part AI Q5: *Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?* (= NCPI 2010 Part BI Q2)

Core Resources (US$).

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	28,800	22,100	9,200	0	3,500	13,800	5,400	4,600	11,500	98,900
UNICEF	36,000	16,800	19,400	4,700	19,500	5,500	7,300	4,700	6,000	119,900
UNDP	411,400	411,400	82,300	54,900	54,900	164,600	27,400	54,900	109,700	1,371,500
UNFPA	144,000	50,100	80,800	21,100	42,200	110,500	32,100	25,600	62,800	569,200
ILO	92,900	47,100	20,300	11,300	12,500	34,000	13,500	9,000	17,000	257,600
WHO	124,600	112,900	36,600	0	28,800	14,800	11,000	17,500	23,200	369,400
Subtotal Output C1.1.1	837,700	660,400	248,600	92,000	161,400	343,200	96,700	116,300	230,200	2,786,500

Output C1.1.2 Proposals for law reform or removal of legal/regulatory barriers are approved.

Joint deliverables
J1. UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO
a. Build capacity in countries to undertake legislative review & reform punitive laws to (1) implement the ILO HIV & AIDS recommendation, (2) address needs of people who use drugs & people living in prisons & other closed settings, (3) address the needs of populations in humanitarian settings, (4) the rights of men having sex with men, sex workers & transgender populations, (5) address age of consent laws and (6) include rights to health, education & access to anonymous, confidential HIV testing & counselling for under 18 year-olds.
b. Strengthen country capacity to promote & undertake legislative review, reform punitive laws & practices & take action to deal with their negative consequences.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	143,300	95,000	0	0	0	120,300	0	0	120,400	479,000
UNDP	102,800	102,800	20,600	13,700	13,700	41,100	6,900	13,700	27,400	342,700
UNFPA	51,600	50,100	22,100	5,800	11,500	30,200	8,800	7,000	17,100	204,200
ILO	113,700	65,800	28,400	15,800	17,500	47,500	19,000	12,600	23,800	344,100
UNESCO	61,800	78,700	21,900	1,800	14,100	18,700	17,900	4,600	9,600	229,100
Subtotal Output C1.1.2	473,200	392,400	93,000	37,100	56,800	257,800	52,600	37,900	198,300	1,599,100
Subtotal Outcome C1.1	1,310,900	1,052,800	341,600	129,100	218,200	601,000	149,300	154,200	428,500	4,385,600

Outcome C1.2:: Stigma and discrimination reduced and access to justice increased for people living with HIV and other key populations in all countries

Output C1.2.1 Key populations act as change agents in all countries and in relevant global forums and processes.

Individual deliverables
1. UNDP
a. Strengthen community capacity of key populations to challenge stigma & discrimination towards people with HIV & populations affected by HIV, including through south-south learning & exchange.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	128,600	128,600	25,700	17,200	17,200	51,500	8,600	17,200	34,300	428,900
Subtotal Output C1.2.1	128,600	128,600	25,700	17,200	17,200	51,500	8,600	17,200	34,300	428,900

Output C1.2.2 Evidence on stigma and discrimination and its impact is developed, updated and used to inform programmes and policies in countries.

Joint deliverables
J1. UNDP, UNODC, ILO, UNESCO
a. Strengthen country capacity & evidence strengthened to address stigma & discrimination towards key populations, especially (1) on the needs, rights & responses in the education sector; (2) in key sectors employing vulnerable workers; and (3) among people who use drugs & people in closed settings.
J2. UNHCR, WHO
a. Provide tools, guidance & training to address stigma & discrimination in the health sector, & reduce stigma & discrimination towards PLHIV in humanitarian situations. **J3. UNDP, UNFPA**
a. Support legislative review and legal mapping of men who have sex with men, sex workers, transgender people and people who inject drugs.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	24,000	24,000	6,900	0	2,300	11,500	2,300	3,700	6,900	81,600
UNDP	128,600	128,600	25,700	17,200	17,200	51,500	8,600	17,200	34,300	428,900
UNFPA	41,100	35,000	18,600	4,900	9,700	25,400	7,400	5,900	14,400	162,400
ILO	30,600	20,500	8,800	4,900	5,400	14,700	5,900	3,900	7,400	102,100
UNESCO	82,300	105,000	29,200	2,400	18,800	25,000	23,800	6,200	12,800	305,500
WHO	0	12,800	0	0	28,800	0	0	0	0	41,600
Subtotal Output C1.2.2	306,600	325,900	89,200	29,400	82,200	128,100	48,000	36,900	75,800	1,122,100

Output C1.2.3 Access to legal services and legal literacy increased, especially for key populations, especially on laws and practices which impede universal access to HIV and health services for key populations including women.

Joint deliverables
J1. UNDP, ILO, UNESCO
a. Strengthen country capacity to expand access to legal services & legal literacy for PLHIV, other key populations & vulnerable groups.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	308,500	308,500	61,700	41,100	41,100	123,400	20,600	41,100	82,300	1,028,300
ILO	152,900	102,000	44,000	24,500	27,000	73,600	29,400	19,600	36,800	509,800
UNESCO	267,600	341,100	94,900	7,800	61,200	81,200	77,400	20,000	41,700	992,900
Subtotal Output C1.2.3	729,000	751,600	200,600	73,400	129,300	278,200	127,400	80,700	160,800	2,531,000
Subtotal Outcome C1.2	1,164,200	1,206,100	315,500	120,000	228,700	457,800	184,000	134,800	270,900	4,082,000
Total Goal C1	2,475,100	2,258,900	657,100	249,100	446,900	1,058,800	333,300	289,000	699,400	8,467,600

GOAL C2: HIV-related restrictions on entry, stay and residence eliminated in half of all national HIV responses

Gaps and Needs

43. Some 47 countries, territories and areas continue to deny entry, stay and residence based on HIV positive status. This is discriminatory and achieves no valid public health goal. These restrictions are often a proxy indicator of high levels of discrimination against people living with HIV and can undermine commitment to effective, evidence-based HIV prevention approaches.

44. Change is possible. Recently, four countries – China, India, Ukraine and the United States of America – have lifted such restrictions.

Impact	Indicators	Baseline	Target/ Scope	Data source	Frequency
C2 HIV-related restrictions on entry, stay and residence eliminated in half of all national HIV responses	a. Percentage (and number) of countries with discriminatory HIV travel-related restrictions (Secretariat)	2010 (47 countries/ 124)	TBD ILO/ UNDP/ UNHCR/ CEWG/	Joint Team Survey?	Annual
Outcome	Indicators	Baseline	Target/ Scope	Data source	Frequency
C2.1 Parliamentarians and governments in an increasing number of countries with discriminatory HIV-related travel restrictions are actively considering proposals for reform	a. TBD UNDP/ CEWG b. Parliamentarians & governments in countries with discriminatory HIV-related travel restrictions actively involved in proposals for legal reform (Secretariat)	2011		Joint Team Survey	Annual

GOAL C2: HIV-related restrictions on entry, stay and residence eliminated in half of all national HIV responses

Output C2.1.1 National coalitions for relevant law and regulation reform are created including attention to HIV related services for migrants.

Joint deliverables
J1. UNDP, ILO, UNESCO
a. Educate key stakeholders & influencers in countries with restrictions, & facilitate dialogue to build national coalitions for relevant law & regulation reform.

Individual deliverables
1. UNHCR
a. Advocate for removal of travel restrictions on PLHIV, for populations affected by humanitarian situations (as per UNHCR's *Note on HIV and Protection*).
2. UNDP
a. Strengthen country capacity to undertake legislative review, reform punitive laws & practices, & to deal with their negative consequences.
3. ILO
a. Support and promote the implementation of ILO HIV & AIDS recommendation on the removal of HIV-related restrictions on entry, stay & residence of migrant workers.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	33,600	28,800	11,500	0	4,600	13,800	4,600	6,900	16,100	119,900
UNDP	51,400	51,400	10,300	6,900	6,900	20,600	3,400	6,900	13,700	171,500
ILO	80,300	67,800	29,300	16,300	18,000	48,900	19,500	13,000	24,500	317,600
UNESCO	50,200	64,200	17,000	1,500	11,900	15,400	13,700	3,700	8,500	186,100
Subtotal Output C2.1.1	215,500	212,200	68,100	24,700	41,400	98,700	41,200	30,500	62,800	795,100
Subtotal Outcome C2.1	215,500	212,200	68,100	24,700	41,400	98,700	41,200	30,500	62,800	795,100
Total Goal C2	215,500	212,200	68,100	24,700	41,400	98,700	41,200	30,500	62,800	795,100

GOAL C3: HIV-specific needs of women and girls are addressed in at least half of all national HIV responses

Gaps and Needs

45. Thirty years into the HIV epidemic, women and girls face many interacting social, cultural, economic and legal challenges, including human rights violations and discrimination, which put their health and rights at risk. These issues not only limit the autonomy and ability of women and girls to protect themselves from HIV, but also hinder access to education and health, legal and social services, and ultimately the ability of women and girls to exercise their human rights. Globally half of all people living with HIV are women and girls, 60% in sub-Saharan Africa. HIV has particular impacts on women and girls in all epidemic settings – generalized, concentrated and low level.

46. HIV contributes to 20% of maternal deaths. MDGs 3, 4, 5 and 6 are interconnected, requiring linkages between sexual and reproductive health and HIV, from a gender equality perspective.

47. Women and girls in marginalized groups, such as women who use drugs, sex workers, prisoners, street youth, or those who are in humanitarian settings are particularly vulnerable. In some regions, young women between 15-24 years of age are two to eight times more likely to have contracted HIV than men of the same age group.

48. Women and girls living with HIV face stigma and discrimination on the basis of their gender as well as their HIV status. As a result, they experience particular violations of their human rights.

49. Most of the care for people living with HIV takes place in the home, and women and girls account for two thirds to ninety per cent of all caregivers.[17] The unequal division of household and care-giving responsibilities greatly reduces girls' and women's capacity to exercise their rights and their access to opportunities.

50. It is essential to increase the focus on women and girls in national HIV responses and combine HIV-related funding with other resources to address the full range of women's and girls' needs and rights, including sexual and reproductive health and socio-economic determinants of HIV and gender inequality. This requires a multi-sectoral approach across the span of their lives and responsive to special circumstances such as displacement.

Impact	Indicators	Baseline	Target/ Scope	Data source	Frequency
C3: HIV-specific needs of women and girls are addressed in at least half of all national HIV responses	a. HIV prevalence in populations most at risk and young people (15-24), *disaggregated by gender and age* (UNGASS #22, 23)	UNGASS 2010	TBD CEWG	Sero-prevalence surveys, IBBS	Every 2 years
	b. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy [disaggregated by sex (female, male) (UNGASS #24)	UNGASS 2010	TBD CEWG Percent of PLHIV on ART is same for M&F in age group.	ART Prog. M&E	Annual

[17] Secretary-General's Task Force, 2004; Southern Africa Partnership Programme 2005: Impact of Home Based Care on Women & Girls in Southern Africa, p6.

Outcome	Indicators	Baseline	Target/ Scope	Data source	Frequency
C3.1 HIV strategies and programmes are gender-transformative and appropriately linked with broader country action on gender equality, sexual and reproductive health, and human rights	a. Number and percent of countries with a positive score on all at least 80% of all measurements in the *Agenda for women and girls* Scorecard (*presented to the June 2011 PCB)*	TBD CEWG First reporting to establish baseline should be available in June or soon thereafter.	TBD CEWG	W&G Score card	Annual

GOAL C3: HIV-specific needs of women and girls are addressed in at least half of all national HIV responses

Outcome C3.1: HIV strategies and programmes are gender-transformative and appropriately linked with broader country action on gender equality, sexual and reproductive health, maternal & child health, and human rights

Output C3.1.1 Strategic actions for women and girls are incorporated into national AIDS strategic plans, with appropriate budgets for implementation, monitoring and evaluation.

Joint deliverables
J1. UNFPA, UNICEF, WFP, UNDP, UNODC, UNESCO, ILO, WHO
a. Undertake consultative processes in countries to (1) identify key issues faced by women & girls in the context of HIV; (2) support the implementation of the *UNAIDS Agenda for Women and Girls.*

Individual deliverables
1. UNICEF
a. Provide technical support to develop gender-sensitive national plans.
2. UNDP
a. Promote an enabling environment to achieve gender equality supported by laws, policies & national HIV & development plans addressing the gender dimensions of HIV.
3. UNFPA
a. Strengthen advocacy, guidance & capacity to integrate gender equality & empowerment of women & girls into national AIDS plans, including access to sexual & reproductive health services, education, economic opportunities & rights-based programmes.
4. UNESCO
a. Expand access to & completion of secondary education for girls & young women.
5. WHO
a. Strengthen evidence on gender-based inequities in HIV & support the implementation of tools, guidelines & monitoring.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	139,600	109,800	77,200	0	0	92,200	0	0	79,600	498,400
UNDP	205,700	205,700	41,100	27,400	27,400	82,300	27,400	27,400	41,100	685,500
UNFPA	338,700	160,200	181,000	47,300	94,400	247,500	71,900	57,300	140,600	1,338,900
Subtotal Output C3.1.1	684,000	475,700	299,300	74,700	121,800	422,000	99,300	84,700	261,300	2,522,800

Output C3.1.2 Strategic actions on HIV are incorporated into national gender plans, sexual and reproductive & maternal & child health plans, and women's human rights action frameworks, with appropriate budgets for implementation, monitoring and evaluation.

Individual deliverables
1. UNHCR
a. Strengthen linkages between reproductive health & HIV programmes for vulnerable women & girls in humanitarian situations, and ensure vulnerable women & girls in humanitarian emergencies have access to HIV prevention & response services.
2. UNFPA
a. Provide advocacy, guidance, capacity strengthening, and technical assistance to countries at policy, systems, & service-delivery levels, to assess HIV, sexual & reproductive health bi-directional linkages, identify gaps, develop & implement related plans to strengthen them.
3. UNDP
a. Support the development of laws, policies & national plans to address the gender dimensions of HIV, including KYE/KYR, the role of men & boys, & the link between the needs of women & girls & sexual minorities.
4. UNODC
a. Support countries to address the needs of female drug users & prisoners through gender-based situation & needs assessments, comprehensive HIV services, M&E tools & strategic information.

5. UNESCO
a. Support countries support to ensure that (1) the needs of women and girls in relation to HIV are addressed & monitored in national education sector responses, and (2) comprehensive sexuality education addressing gender inequalities & inequities is delivered.
6. WHO
a. Support countries to create an enabling environment for women's rights & empowerment in countries through evidence-based advocacy capacity building & resources.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	432,400	288,200	138,400	0	34,600	276,700	45,000	46,100	179,900	1,441,300
UNDP	205,700	205,700	41,100	27,400	27,400	82,300	27,400	27,400	41,100	685,500
UNFPA	293,000	100,100	164,800	43,100	86,000	225,400	65,500	52,200	128,100	1,158,200
UNESCO	368,500	470,800	122,300	10,600	71,900	118,200	82,300	37,200	60,200	1,342,000
WHO	124,600	172,200	36,500	0	0	29,600	11,000	34,900	46,300	455,100
Subtotal Output C3.1.2	1,424,200	1,237,000	503,100	81,100	219,900	732,200	231,200	197,800	455,600	5,082,100

Output C3.1.3 Social movements that address HIV-specific needs of women and girls catalyzed and strengthened.

Joint deliverables
1. UNFPA, UNDP
a. Advocate for and promote the engagement of women's groups, grass-roots organizations, organizations of women living with HIV, &key populations in designing, implementing, monitoring & evaluating HIV policies & programmes (using a gender transformative approach).
2. UNFPA, UNESCO
a. Strengthen capacity of governments to engage men & boys through gender equality and comprehensive sexuality education programmes challenging traditional gender norms & unequal gender relations.

Individual deliverables
1. UNICEF
a. Support civil society actions to reduce gender-based violence against girls through the 'Together for Girls' initiative.
2. ILO
a. Support the implementation of ILO Recommendation calling for the active participation of women & men in the HIV response, including the protection of reproductive rights at work & workplace policies (where women's empowerment is key).

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	144,700	109,700	77,200	0	0	92,200	0	0	79,700	503,500
UNDP	308,500	308,500	61,700	41,100	41,100	123,400	41,100	41,100	61,700	1,028,200
UNFPA	213,300	60,100	122,800	32,100	64,000	167,800	48,800	38,900	95,400	843,200
ILO	147,000	100,000	43,300	24,000	26,500	72,300	28,800	19,200	36,100	497,200
UNESCO	157,900	201,700	52,400	4,500	30,800	50,700	35,300	16,000	25,800	575,100
Subtotal Output C3.1.3	971,400	780,000	357,400	101,700	162,400	506,400	154,000	115,200	298,700	3,447,200
Subtotal Outcome C3.1	3,079,600	2,492,700	1,159,800	257,500	504,100	1,660,600	484,500	397,700	1,015,600	11,052,100
Subtotal Goal C3	3,079,600	2,492,700	1,159,800	257,500	504,100	1,660,600	484,500	397,700	1,015,600	11,052,100

GOAL C4: Zero tolerance for gender-based violence

Gaps and Needs

51. Studies have shown that experiencing gender-based violence increases the risk of HIV infection. Discrimination, inequality, violence or the fear of violence hinders women and girls from negotiating safer sex or refusing unwanted sex. These same factors may also prevent women from accessing HIV prevention, treatment and care services. In conflict and post-conflict situations, these trends are amplified. Similarly, disclosure of HIV status may catalyze GBV, and fear of GBV may delay a woman's decision to disclose her HIV status and/or to access health services.

52. Girls are at increased risk for infection due to social and cultural norms that dictate how women, especially young women, and men negotiate sexual behaviour. These same gender norms often condone GBV against women and girls. Lesbians, gay men, bisexuals and transgender people (LGBT), as well as female, male and transgender sex workers, are typically more affected by GBV than surrounding populations.

53. Overall, GBV is widespread. Depending on the country, between 15% and 71% of women aged 15 to 49 years report experiences of physical or sexual violence by a husband or intimate partner. Intimate partner violence and the lack of power to request condom use increase women's risk of contracting HIV. It may also limit women's access to HIV prevention and services. Rape and sexual violence are widespread in many settings, and are of particular concern in conflict situations and humanitarian emergencies. At the same time, few countries have protocols for comprehensive post-rape care, including emergency contraception and post-exposure prophylaxis.

54. Young people have particular needs; about 20% of girls and 10% of boys experience sexual abuse globally, and early sexual debut and early marriage in general is associated with a higher risk of contracting HIV and experiencing GBV.

55. Worldwide, many countries lack accurate and official data on all forms of GBV in both conflict and non-conflict settings. This lack of understanding has an impact at all levels – from national policy making to the practices and protocols of law enforcement, social service and health service personnel, including capacity-building on gender equality, GBV and HIV prevention and impact mitigation.

56. Increasing evidence of the linkages between GBV and HIV demands more strategic attention to GBV in HIV programming and more attention to HIV in GBV programming. However, action against GBV in and of itself is still not clearly prioritized in many countries and there is often a lack of clarity on the relative roles and contributions of law enforcement, gender equality ministries or services, and health services. Addressing the intersection of GBV and HIV can be even more challenging.

Impact	Indicators	Baseline	Target/ Scope	Data source	Frequency
C4: Zero tolerance for gender-based violence	a. Proportion of ever married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months [Global IPV] *(new UNGASS indicator) – placeholder to be confirmed.*	[Global IPV] 2011	TBD CEWG	DHS, Rep survey,	Every 3-4 yrs

Outcome	Indicators	Baseline	Target/ Scope	Data source	Frequency
C4.1 National responses integrate GBV and HIV at the policy, programme and services level, including actions and resources that address and prevent both pandemics in an integrated manner	a. Number & percentage of countries supported to develop and/or implement HIV-related policies that specifically address gender based violence; engagement of men and boys; and/or other actions promoting gender equality – disaggregated by programmatic area (UNICEF, UNDP, UNFPA, ILO, WHO)	TBD CEWG/ UNICEF, UNDP, UNFPA, ILO, WHO	TBD CEWG/ UNICEF, UNDP, UNFPA, ILO, WHO	TBD CEWG/ UNICEF, UNDP, UNFPA, ILO, WHO	TBD CEWG/ UNICEF, UNDP, UNFPA, ILO, WHO
	b. % of SGBV survivors who receive appropriate clinical care, including PEP (UNHCR)	Baseline UNHCR/ TBD CEWG	TBD UNHCR/ CEWG	TBD UNHCR/ CEWG	TBD UNHCR/ CEWG
C4.2 Countries[18] are implementing a comprehensive set of actions to address and prevent violence against women	a. Percentage of countries reporting on the availability of service delivery points providing appropriate medical, psychological and legal support for women and men who have been raped and experienced incest (WHO)	TBD WHO CEWG	TBD WHO CEWG	TBD WHO CEWG	TBD WHO CEWG

GOAL C4: Zero tolerance for gender-based violence

Outcome C4.1: National responses integrate GBV and HIV at the policy, programme and services level, including actions and resources that address and prevent both pandemics in an integrated manner

Output C4.1.1 Evidence on GBV/HIV linkages is collected and shared with all countries reviewing or developing national HIV strategies or GBV strategies.

Joint deliverables
J1. UNHCR, UNICEF, UNDP, UNFPA, UNESCO, WHO
a. Support the consolidation, analysis, promotion and use of country-specific qualitative & quantitative evidence & programmatic guidance on the association of GBV & HIV, including work on the global initiative on violence against women, GBV towards sex workers, transgender people, women who use drugs & marginalized adolescent girls, GBV in populations affected by humanitarian situations, & homophobic bullying in school settings.
J2. UNDP, UNFPA
a. Increase capacity of governments & civil society to scale up programming & address GBV-related needs of women & girls around GBV.
b. Provide support to implement set of actions (including SRH, condom programming and tackling stigma and discrimination) to address and prevent violence against women, including sex workers and transgender people.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	57,600	43,200	13,800	0	13,800	23,100	8,100	13,800	23,400	196,800
UNICEF	119,700	79,800	60,900	0	0	72,800	0	0	62,900	396,100
UNDP	289,700	163,700	34,800	23,200	23,200	69,700	23,200	23,200	34,800	685,500
UNESCO	66,400	85,700	23,900	1,900	10,500	19,700	16,200	7,900	5,200	237,400
WHO	124,600	58,700	18,300	0	9,600	7,400	0	8,700	11,500	238,800
Subtotal Output C4.1.1	658,000	431,100	151,700	25,100	57,100	192,700	47,500	53,600	137,800	1,754,600

Output C4.1.2 Range of actors linking GBV and HIV is increased; Evidence on GBV/HIV linkages is collected and shared to all countries reviewing or developing national HIV strategies or GBV strategies.

Joint deliverables
1. UNDP, UNFPA
a. Work with UN Women and the UNiTE campaign to support (1) efforts to address GBV among LGBTs; (2) organizations engaging men and boys as partners for the empowerment of women; and (3) transformation of gender norms, gender equality and human rights.

[18] At least 15 countries.

Individual deliverables
1. UNICEF
a. Contribute to communications & public awareness campaigns to draw attention to GBV & motivate changes in societal, gender norms & behaviours.
2. ILO
a. Build capacity in labour ministries & employers' & workers' organisations to include zero tolerance for sexual harassment in HIV prevention policies & programmes.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	124,700	79,800	61,900	0	0	73,800	0	0	63,900	404,100
UNFPA	72,300	64,100	32,200	8,400	16,800	44,000	12,800	10,200	25,000	285,800
ILO	66,200	44,100	19,100	10,600	11,700	31,800	12,700	8,500	15,900	220,600
Subtotal Output C4.1.2	263,200	188,000	113,200	19,000	28,500	149,600	25,500	18,700	104,800	910,500
Subtotal Outcome C4.1	921,200	619,100	264,900	44,100	85,600	342,300	73,000	72,300	242,600	2,665,100

Outcome C4.2: Countries are implementing a comprehensive set of actions to address and prevent violence against women and girls

Output C4.2.1 Strategies, policies, services, and resource allocation programming within hyper-endemic countries account for HIV prevention, treatment, care and support, gender equality and gender-based violence.

Joint deliverables
J1. UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO
a. Provide additional resources & technical support (1) to hyper-endemic countries to mainstream gender equity into national AIDS responses**;** (2) with food assistance to increase awareness of the links between GBV & food insecurity; (3) tailored interventions to address sexual violence; (4) expanding access to comprehensive sexuality education programmes; (5) ensuring inclusion in Global Fund proposals; and (6) addressing vulnerability of female prisoners to GBV.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	92,200	61,500	28,800	0	32,300	28,800	18,400	14,200	31,100	307,300
UNICEF	64,900	39,900	31,000	0	0	36,900	0	0	31,900	204,600
UNDP	121,700	247,700	47,400	31,600	31,600	94,900	31,600	31,600	47,400	685,500
ILO	22,100	23,200	10,000	5,600	6,200	16,800	6,700	4,500	8,400	103,500
UNESCO	123,300	159,200	44,300	3,500	19,600	36,600	30,000	14,700	9,600	440,800
WHO	124,600	44,600	18,300	0	9,600	7,400	22,200	8,700	11,500	246,900
Subtotal Output C4.2.1	548,800	576,100	179,800	40,700	99,300	221,400	108,900	73,700	139,900	1,988,600

Output C4.2.2 Crisis/post-crisis countries significantly affected by HIV integrate GBV and HIV into conflict prevention, resolution and recovery efforts.

Joint deliverables
J1. UNDP, UNFPA
a. Strengthen capacity of countries in post-conflict to meet HIV needs & prevent gender-based violence among populations affected by humanitarian situations by partnering with civil society & providing training packages for uniformed services.
J2. UNHCR, UNFPA
a. Support the development of multi-sectoral protection, prevention & response programmes to address SGBV in humanitarian situations.

Individual deliverables
1. UNHCR
a. Strengthen capacities in post-conflict countries to meet HIV needs & prevent gender-based violence among populations affected by humanitarian situations, by partnering with civil society.
2. UNICEF
a. Support the mainstreaming of HIV, gender violence and young people needs into the development of emergency and post crisis plans.

Core Resources (US$)										
Agency	**Global**	**20+ Countries**	**AP**	**CAR**	**EECA**	**ESA**	**LA**	**MENA**	**WCA**	**Total**
UNHCR	184,500	123,000	23,100	0	13,800	196,000	6,900	14,600	53,000	614,900
UNICEF	59,900	39,900	31,000	0	0	36,900	0	0	31,900	199,600
UNDP	154,300	154,300	20,600	20,600	0	61,700	0	41,100	61,700	514,300
Subtotal Output C4.2.2	398,700	317,200	74,700	20,600	13,800	294,600	6,900	55,700	146,600	1,328,800
Subtotal Outcome C4.2	947,500	893,300	254,500	61,300	113,100	516,000	115,800	129,400	286,500	3,317,400
Total Goal C4	1,868,700	1,512,400	519,400	105,400	198,700	858,300	188,800	201,700	529,100	5,982,500

FUNCTION D1: Leadership and advocacy

Gaps and Needs

57. Leadership, political and resource commitments have been shown to be prerequisites for a successful multi-sectoral AIDS response. Such leadership needs to be enhanced and maintained, and requires investments in rights-based, evidence-informed and gender responsive programmes that target current drivers of the HIV epidemic and link HIV to the broader health and development agenda.

Impact					
D1 Leadership and advocacy	*By nature, the Strategic functions contribute collectively to the impact of the Joint Programme –Indicators of impact are therefore those of the Strategic Directions (Sections A, B, C).*				
Outcome	**Indicators**	**Baseline**	**Target/ Scope**	**Data source**	**Frequency**
D1.1 Positive and measurable movement on the key issues and drivers of the epidemic	a. Percentage of countries with non-discriminatory laws or regulations for key populations (NCPI)	UNGASS 2010	TBD	NCPI (Part AI.Q5 & PartBI.Q2)	Every 2 years
D1.2 Effectiveness in national HIV responses	a. Implementation rate and the use of SI tools (e.g. MoT, NASA, AIDSinfo) a. Number of MoT exercises completed, b. Number of NASA exercises completed, c. Number of countries that use AIDSinfo or other tested source of evidence for strategic planning (Secretariat)	TBD WHO CEWG/	TBD WHO CEWG/	Secretariat (PECS) / Joint Team reporting	Annual
	b. Number of countries with active technical working group/ national partnerships forum/ partnership to coordinate M&E/strategic information (NCPI)	2010	All countries	NCPI (Part A.V.Q6) & Joint Team Reporting	Every 2 years
	c. Funds raised by the Joint Programme (disaggregated by organization & geographical level) (Secretariat)	? Confirm possible (2010)	TBD CEWG	Secretariat (finance) & Joint Team reporting	Annual
D1.3 Renewed and expanded political commitment to the HIV response	a. Percentage of countries with leadership that publicly engages in the AIDS response (NCPI) b. Proportionate share of national HIV spending of the total HIV spending (disaggregated by national and international funds). (NCPI)	UNGASS 2010	TBD TE	NCPI (Part AII.Q1) NCPI	Every 2 years Every 2 years
D1.4 Inclusion of AIDS into global health, human rights, gender, and development agendas.	Percentage of countries that have integrated HIV into its general development plans (NCPI)	UNGASS 2010	TBD TE	NCPI (Part AI.Q2)	Every 2 years

FUNCTION D1: Leadership and Advocacy

Outcome D1.1: Positive and measurable movement on the key issues and drivers of the epidemic

Output D1.1.1 Programmes/resources/strategies to work with PLHIV in terms of positive health, dignity and prevention are expanded.

Joint deliverables
J1. Incorporate Positive Health Dignity & Prevention programmes into costed national strategic plans & support their implementation.

Secretariat deliverables
a. Reduce HIV-related stigma through advocacy for the removal of travel restrictions, roll out of civil society action packs, roll-out of PLHIV Stigma Index and development of a global stigma indicator.
b. Influence and steer various commissions and international groups in terms of HIV, Human Rights and prevention.

Core Resources (US$)										
Agency	**Global**	**20+ Countries**	**AP**	**CAR**	**EECA**	**ESA**	**LA**	**MENA**	**WCA**	**Total**
Secretariat	3,093,900	613,500	406,100	238,200	180,500	537,700	192,900	230,700	775,800	6,269,300
Subtotal Output D1.1.1	3,093,900	613,500	406,100	238,200	180,500	537,700	192,900	230,700	775,800	6,269,300

Output D1.1.2 Capacities to work with key populations are strengthened.

Joint deliverables
J1. Advocate for stronger community involvement for key populations in policy and service delivery and renewed country ownership.
J2. Develop and promote strategies to scale up HIV prevention.
J3. Support development of tools and guidance to foster constructive engagement of communities in national planning and implementation processes including development of programmes and services.

Core Resources (US$)										
Agency	**Global**	**20+ Countries**	**AP**	**CAR**	**EECA**	**ESA**	**LA**	**MENA**	**WCA**	**Total**
Secretariat	7,909,100	1,569,000	1,038,000	608,900	461,500	1,374,400	493,200	589,600	1,983,000	16,026,700
WHO	0	21,400	0	0	38,300	0	0	0	0	59,700
Subtotal Output D1.1.2	7,909,100	1,590,400	1,038,000	608,900	499,800	1,374,400	493,200	589,600	1,983,000	16,086,400

Output D1.1.3 Support provided to civil society to further enable leadership and advocacy efforts.

Joint deliverables
J1. Support civil society leadership, including networks of PLHIV, key populations, communities and faith based organisations to achieve better results, especially on key issues and drivers of the epidemic
J2. Support civil society in developing advocacy and strategic litigation for human rights and enabling legal environment for universal access.
J3. Build leadership capacity on prevention, treatment, care and support among women and youth through 'New Generation Leadership'.
J4. Support networks of PLHIV on HIV-related human rights literacy and advocacy.
J5. Provide support to UNAIDS country offices, Joint Teams on AIDS and other UN system partners to best respond to individual cases of HIV-related human rights violations and other crisis situations.

Core Resources (US$)										
Agency	**Global**	**20+ Countries**	**AP**	**CAR**	**EECA**	**ESA**	**LA**	**MENA**	**WCA**	**Total**
Secretariat	2,975,600	590,300	390,500	229,100	173,600	517,200	185,500	221,800	746,100	6,029,700
Subtotal Output D1.1.3	2,975,600	590,300	390,500	229,100	173,600	517,200	185,500	221,800	746,100	6,029,700
Subtotal Outcome D1.1	13,978,600	2,794,200	1,834,600	1,076,200	853,900	2,429,300	871,600	1,042,100	3,504,900	28,385,400

Outcome D1.2: Effectiveness in national HIV responses

Output D1.2.1 Countries are using "Know Your Epidemic - Know Your Response" analysis to re-prioritize the national response and reallocate resources.

Joint deliverables
J1. National institutions supported to strengthen coordination and governance of national and decentralized AIDS responses.

Individual and Secretariat deliverables
1. World Bank: Conduct state-of-art epidemiological and economic analysis to re-prioritize and reallocate resources to effective programmes.
2. Secretariat
a. Influence agenda of Global Fund through timely and regular strategic intelligence and dialogue.
b. Provide country intelligence to implement cost-effective, evidence-based strategies.
c. Develop and support national partners to use tools to track the HIV epidemic and response from a gender perspective.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	238,200	112,300	32,700	16,400	16,400	57,300	8,200	8,200	41,400	531,100
World Bank	56,000	302,400	60,500	9,000	17,900	62,700	9,000	9,000	33,600	560,100
Secretariat	10,434,600	25,280,000	1,369,500	803,300	608,900	1,813,400	650,700	777,900	2,616,300	44,354,600
Subtotal Output D1.2.1	10,728,800	25,694,700	1,462,700	828,700	643,200	1,933,400	667,900	795,100	2,691,300	45,445,800

Output D1.2.2 Inter-governmental and inter-agency organizations, multilateral institutions and funding mechanisms, and civil society are active and committed in the implementation of the UNAIDS 2011-2015 Strategy.

Joint deliverables
J1. Mobilise resources for UNAIDS catalytic role in the AIDS response.

Secretariat deliverables
a. Strengthen UN system capacities (UCOs, Joint Teams, CEB, UNDG mechanisms, etc) and leverage UN Reform for effective UN support to key national partners in accessing and managing sustainable resources from mainstream and alternative funding mechanisms.
b. Develop and implement comprehensive resource mobilization strategy for a strengthened and sustainable global response to fully fund the UBRAF and support the UNAIDS 2011-2015 Strategy.
c. Integrate the AIDS response into key intergovernmental processes such as the General Assembly, ECOSOC, Security Council, as well as international conferences and events with global reach.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	5,447,400	1,080,800	714,900	419,400	317,900	946,700	339,700	406,100	1,365,800	11,038,700
Subtotal Output D1.2.2	5,447,400	1,080,800	714,900	419,400	317,900	946,700	339,700	406,100	1,365,800	11,038,700
Subtotal Outcome D1.2	16,176,200	26,775,500	2,177,600	1,248,100	961,100	2,880,100	1,007,600	1,201,200	4,057,100	56,484,500

Outcome D1.3: Renewed and expanded political commitment to the HIV response

Output D1.3.1 Presence of transformative leadership and commitment for a sustainable AIDS response including at national and local levels and among key populations.

Joint deliverables
J1. Promote transformative leadership to create more favourable and sustainable outcomes regarding AIDS policy, funding and programmes, building synergies across a broad range of partners.
J2. Promote and support AIDS initiatives among parliamentarians, the legal system, including the development and rollout of the UNAIDS *Judicial Handbook on HIV.*
J3. Countries supported to strengthen leadership through capacity building at national, local and community levels.
J4. Develop and maintain high-level political partnerships and strategies to accelerate action among key and marginalized populations, as well as for women and girls.

Secretariat deliverables
a. Engage at high levels new national partners including in parliaments, judiciary, ministries of justice and interior.
b. Equip UCOs and Joint Teams to address gaps in country programmes and to speak out on key issues and drivers of the epidemic.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	238,200	112,300	32,700	16,400	16,400	57,300	8,200	8,200	24,600	514,300
WHO	0	0	0	0	9,600	0	0	0	0	9,600
Secretariat	10,100,500	2,003,800	1,325,700	777,600	589,400	1,755,300	629,800	753,000	2,532,500	20,467,600
Subtotal Output D1.3.1	10,338,700	2,116,100	1,358,400	794,000	615,400	1,812,600	638,000	761,200	2,557,100	20,991,500

Output D1.3.2 Advocacy to secure commitment, effective partnerships and investment of national resources to advance gender equality and rights-based AIDS responses.

Joint deliverables
J1. Undertake advocacy to secure commitment, effective partnerships and investment of national resources to advance gender equality, GIPA and rights-based AIDS responses in an efficient and sustainable manner.
J2. Support the definition of the global strategic agenda and policies on gender equality and rights-based AIDS responses.
J3. Support and manage *UNAIDS Reference Group on HIV and Human Rights* for strategic advice and increased leadership.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	4,284,500	850,200	562,200	329,800	250,000	744,600	267,200	319,400	1,074,200	8,682,100
Subtotal Output D1.3.2	4,284,500	850,200	562,200	329,800	250,000	744,600	267,200	319,400	1,074,200	8,682,100
Subtotal Outcome D1.3	14,623,200	2,966,300	1,920,600	1,123,800	865,400	2,557,200	905,200	1,080,600	3,631,300	29,673,600

Outcome D1.4: Inclusion of AIDS into global health, human rights, gender, and development agendas

Output D1.4.1 Links between HIV responses and the broader MDG agenda are visible and show cost-effectiveness.

Joint deliverables
J1. Promote links between HIV responses and the broader MDG agenda that deliver in a cost-effective manner on multiple MDGs.
J2. Countries supported in addressing HIV/MDG synergies as part of UNDG/MDG Acceleration Framework roll-out.
J3. Provide strategic information and analysis to MDG report and UN statistics office, including reporting on Universal Access achievement of health-related MDGs.

Secretariat deliverables
a. Guide the translation of global strategies and policies into effective country and regional support strategies.
b. Achieve greater human rights policy coherence across the Joint Programme, e.g. with regards to trafficking/sex work; drug control/harm reduction/compulsory drug detention centres.
c. Expand political commitment through work with the *UN Human Rights Council* and global, regional and national human rights mechanisms.
d. Leverage system-wide efforts including through interagency mechanisms (CEB, UNDG, etc), and intergovernmental bodies and fora (the General Assembly, ECOSOC, Security Council) to implement the AIDS and MDGs agenda.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	425,100	173,100	60,200	30,100	30,100	105,300	15,000	15,000	45,100	899,000
WHO	186,900	197,900	73,200	0	19,200	29,600	22,200	34,900	46,300	610,200
Secretariat	7,806,200	1,548,900	1,024,400	600,900	455,500	1,356,500	486,700	581,900	1,957,100	15,818,100
Subtotal Output D1.4,1	8,418,200	1,919,900	1,157,800	631,000	504,800	1,491,400	523,900	631,800	2,048,500	17,327,300
Subtotal Outcome D1.4	8,418,200	1,919,900	1,157,800	631,000	504,800	1,491,400	523,900	631,800	2,048,500	17,327,300
Total Function D1	53,196,200	34,455,900	7,090,600	4,079,100	3,185,200	9,358,000	3,308,300	3,955,700	13,241,800	131,870,800

FUNCTION D2: Coordination, coherence and partnerships

Gaps and Needs

58. The changing environment demands greater coherence, coordination and innovative partnerships to enable nationally owned and people centred approaches to address challenges within an increasingly complex and competitive environment.

59. Strategic plans are not aligned with the epidemiological situation, are often not operationalized, are not linked with existing budgets and are often too complex.

Impact					
D2: Coordination, coherence and partnerships	*By nature, the Strategic functions contribute collectively to the impact of the Joint Programme – Indicators of impact are therefore those of the Strategic Directions (Sections A, B, C).*				
Outcome	**Indicators**	**Baseline**	**Target/ Scope**	**Data source**	**Frequency**
D2.1 Technical, political and financial partnerships and programmes accelerate social change.	a. Percentage of countries with a mechanism to promote stakeholder interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes (NCPI)	UNGASS 2010	TB TE	NCPI (Part AII.Q3)	Every 2 years
	b. Cost of diagnostics and treatment (Global Fund)	TBD WHO/ CEWG/ 2010	TBD WHO/ CEWG	TBD WHO CEWG/ GFATM	Annual
	c. Number of countries where the private sector is included in the national multi-sectoral AIDS coordination body (NCPI)	UNGASS 2010		NCPI	Every 2 years
D2.2 AIDS responses are country-owned, human rights-based, appropriate, coordinated and sustainable	a. Number & percentage of community-based organizations involved in national joint programme reviews or evaluations in the last 12 months *(Global Fund CSS Framework)*	GFATM 2010	TBD CEWG	GFATM	Annual
	b. Number and % of all personnel who have attended at least one learning activity to address the elimination of HIV-related stigma and discrimination in all UN system workplaces (minimum 1 hour activity that is gender- and culturally sensitive). (UN Cares)	2010		UN Cares	Annual
D2.3 Implementation of evidence-informed, prioritized, costed national strategic and operational plans which are aligned to other sectoral plans and development processes to achieve Universal Access targets	a. Number of countries that have a multi-sectoral HIV strategy that address either: workplaces; persons of concern; food and nutrition, the education sector, or the health sector (NCPI)	UNGASS 2010	TBD CEWG	NCPI (Part AI.Q1)	Every 2 years
	b. Percentage of countries that use evidence-informed planning (NCPI)	UNGASS 2010	TBD CEWG	NCPI	Every 2 years
	c. Number of countries reporting the use of the strategic information tools for NSP reviews (Secretariat)	TBD	TBD	Joint Team reporting	Annual
D2.4 Technical and policy support are demand driven and cost effective	a. Percentage of community-based organizations that received technical support for institutional strengthening in the last 12 months (Global Fund CSS framework)	GFATM 2010	TBD	GFATM CSS FW	Annual

FUNCTION D2: Coordination, coherence and partnerships

Outcome D2.1: Technical, political and financial partnerships and programmes accelerate social change

Output D2.1.1 National capacity, systems and institutions are strengthened to address prevention, treatment, care and support programmes.

Joint deliverables
J1. Provide leadership and coordinate efforts in key areas related to AIDS, such as Treatment 2.0; elimination of Mother To Child Transmission of HIV; integration of HIV prevention into sexual and reproductive health services and MNCH, identifying access and use of male and female condoms; strengthening of TB/HIV links and integration; strengthening health and chronic care systems; and sustainable financing and economics.
J2. Facilitate national-level partnerships for strategic information, including the generation, analysis and use of monitoring, evaluation and surveillance data to inform strategic planning processes.
J3. Provide support to countries to strengthen their national M&E system for social protection.

Individual Cosponsors and Secretariat deliverables
1. WHO
a. Develop normative guidance and provide support to countries to strengthen their health information systems, and integrate HIV surveillance and M&E and eHealth into these systems.
2. Secretariat
a. Strengthen national AIDS coordinating authorities to effectively coordinate AIDS responses to deliver on Universal Access to prevention, treatment, care and support.
b. Guide work on community systems, HIV and health information, human resource needs for HIV responses with an emphasis on country ownership, south-to-south and regional cooperation, and civil society partnerships.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	373,800	359,000	109,800	0	19,200	59,200	44,400	69,900	92,500	1,127,800
Secretariat	10,434,600	2,070,300	1,369,500	803,300	608,900	1,813,400	650,700	777,900	2,616,300	21,144,900
Subtotal Output D2.1.1	10,808,400	2,429,300	1,479,300	803,300	628,100	1,872,600	695,100	847,800	2,708,800	22,272,700

Output D2.1.2 Strategic alliances and partnerships are established and well defined for quality diagnostics and treatment, and elimination of new child infections.

Joint deliverables
J1. Develop strategic alliances and partnerships to enhance access to safe and affordable quality diagnostics, prevention commodities (including male and female condoms), and treatment for potential efficiency gains.
J2. Mobilize private sector and other new partners for elimination of new child infections, ensure sustained high-level coordination and leadership, and strong linkages of the campaign with the SG strategy, H4 and Partnership for Maternal, Newborn and Child Health.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	2,491,700	494,300	326,900	191,800	145,400	433,000	155,400	185,700	624,700	5,048,900
Subtotal Output D2.1.2	2,491,700	494,300	326,900	191,800	145,400	433,000	155,400	185,700	624,700	5,048,900
Subtotal Outcome D2.1	13,300,100	2,923,600	1,806,200	995,100	773,500	2,305,600	850,500	1,033,500	3,333,500	27,321,600

Outcome D2.2: AIDS responses are country-owned, human rights-based, gender responsive, appropriate, coordinated and sustainable

Output D2.2.1 Community data and approaches have influenced the design, implementation and decision making of HIV policies and plans.

Joint deliverables
J1. Collaborate with PLHIV, key populations and young people to engage in and influence the design, implementation and decision-making of national and sub-national HIV policies and plans.

Secretariat deliverables
a. Bring together the HIV and women's rights movement, whilst engaging men and boys, to scale up actions and create demand for integrated services.

Core Resources (US$)										
Agency	**Global**	**20+ Countries**	**AP**	**CAR**	**EECA**	**ESA**	**LA**	**MENA**	**WCA**	**Total**
Secretariat	3,785,200	751,200	496,700	291,400	220,900	657,800	236,000	282,200	949,000	7,670,400
Subtotal Output D2.2.1	3,785,200	751,200	496,700	291,400	220,900	657,800	236,000	282,200	949,000	7,670,400

Output D2.2.2 National Strategic planning and programme tools implemented with inclusion of civil society.

Joint deliverables
J1: Develop and implement national strategic planning and programme tools for national reporting, including civil society participation and their data.

Individual deliverables
1. World Bank
a. Develop results management tools to support better resource allocation for prioritized and costed multisectoral national AIDS plans.

Core Resources (US$)										
Agency	**Global**	**20+ Countries**	**AP**	**CAR**	**EECA**	**ESA**	**LA**	**MENA**	**WCA**	**Total**
WHO	436,100	806,100	237,800	0	105,400	125,800	72,000	148,300	196,700	2,128,200
World Bank	84,000	453,000	90,700	13,400	26,900	94,100	13,400	13,400	50,400	839,300
Secretariat	7,909,000	1,569,000	1,037,900	608,900	461,500	1,374,500	493,200	589,600	1,983,000	16,026,600
Subtotal Output D2.2.2	8,429,100	2,828,100	1,366,400	622,300	593,800	1,594,400	578,600	751,300	2,230,100	18,994,100

Output D2.2.3 Skills built to address gender, GIPA and human rights aspects of HIV epidemic**.**

Joint deliverables
J1. Equip the UN family through competency-based and In Reach training to build strong partnerships with civil society and other partners to address gender, GIPA and human rights aspects of the HIV epidemic, including support to UN Plus.
J2. Development of regional human rights and HIV strategies, including establishing a system for regional human rights support to Joint Programmes of Support on AIDS.

Secretariat deliverables
a. Promote the prevention leadership programme (reference group, guidance, and tools).
b. Promote key programmes to support human rights in national HIV responses.
c. Strengthen UN staff capacity on human rights issues, and rights-based and gender-responsive approaches to HIV.

Core Resources (US$)										
Agency	**Global**	**20+ Countries**	**AP**	**CAR**	**EECA**	**ESA**	**LA**	**MENA**	**WCA**	**Total**
Secretariat	10,757,200	2,134,500	1,411,800	828,200	627,700	1,869,400	670,800	801,900	2,697,100	21,798,600
Subtotal Output D2.2.3	10,757,200	2,134,500	1,411,800	828,200	627,700	1,869,400	670,800	801,900	2,697,100	21,798,600
Subtotal Outcome D2.2	22,971,500	5,713,800	3,274,900	1,741,900	1,442,400	4,121,600	1,485,400	1,835,400	5,876,200	48,463,100

Outcome D2.3: Implementation of evidence-informed, prioritized, costed national strategic and operational plans which are aligned to other sectoral plans and development processes to achieve Universal Access targets

Output D2.3.1 National HIV strategies and programmes are aligned and integrated into broader health and development planning and programmes.

Joint deliverables
J1. Support and include people living with HIV & civil society in advocacy, planning, implementation, monitoring & evaluation, reporting, costing & budget tracking & development of funding proposals (especially to strengthen community systems).
J2. Support countries to integrate HIV issues into national strategies and plans, and to access resources to implement such plans.
J3. Support and promote new leaders to shape and drive social movements in the AIDS response.

Individual Cosponsors and Secretariat deliverables

1. World Bank

a. Support countries with planning processes using evidence to prioritize and fund efficient programmes, including advice, coaching and mentoring.

b. Support countries to efficiently allocate resources by promoting a comprehensive package of priority interventions including access to new planning tool.

2. Secretariat

a. Map UN system capacities on AIDS and conduct needs assessments to assist country partners.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
World Bank	112,000	604,800	121,000	17,900	35,800	125,400	17,900	17,900	67,200	1,119,900
Secretariat	6,220,800	1,234,000	816,500	478,900	363,000	1,081,100	387,900	463,800	1,559,800	12,605,800
Subtotal Output D2.3.1	6,332,800	1,838,800	937,500	496,800	398,800	1,206,500	405,800	481,700	1,627,000	13,725,700

Output D2.3.2 Strategic information tools and processes further refined, shared and utilized for decision making.

Joint deliverables

J1. Build and strengthen systems, methodologies and tools to collect, manage and disseminate evidence on the epidemic to inform decision making at all levels.

J2. Support country efforts to use HIV prevention science and mathematical modelling to estimate and forecast the impact of individual and combinations of HIV prevention programmes at sub-national, national and regional levels.

J3. Support and develop strategic information & analytical work on risk, vulnerability, reasons for changes in HIV prevalence & behaviours and response to HIV in key populations generated to inform policies, programmes, planning and funding frameworks.

Secretariat deliverables

a. Lead on and showcase strategic information, including surveillance, monitoring and estimates on countries and regions to inform high level decision making and prioritization of the AIDS response at all levels.

b. Develop, maintain and improve monitoring and evaluation systems and standardization of tools.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	249,200	0	0	0	0	0	0	0	0	249,200
Secretariat	3,813,600	756,600	500,500	293,600	222,500	662,700	237,800	284,300	956,200	7,727,800
Subtotal Output D2.3.2	4,062,800	756,600	500,500	293,600	222,500	662,700	237,800	284,300	956,200	7,977,000
Subtotal Outcome D2.3	10,395,600	2,595,400	1,438,000	790,400	621,300	1,869,200	643,600	766,000	2,583,200	21,702,700

Outcome D2.4: Technical and policy support are demand driven and cost effective

Output D2.4.1 Technical support provided, including through civil society technical support providers, to strengthen community systems and provide HIV-related services.

Secretariat deliverables

a. Provide quality and timely technical support to civil society partners to advance priority areas including integrating HIV prevention into sexual and reproductive health services and Mother, Neonatal and Child Health, integrating TB/HIV links and strengthening systems for health, Treatment 2.0 and the elimination of Mother To Child Transmission through the Technical Support Facilities.

b. Support improved coordination of technical support providers and donor/funding mechanisms.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	3,577,800	710,200	469,600	275,500	208,700	621,900	223,100	266,800	897,200	7,250,800
Subtotal Output D2.3.2	3,577,800	710,200	469,600	275,500	208,700	621,900	223,100	266,800	897,200	7,250,800
Subtotal Outcome D2.4	3,577,800	710,200	469,600	275,500	208,700	621,900	223,100	266,800	897,200	7,250,800
Total Function D2	50,245,000	11,943,000	6,988,700	3,802,900	3,045,900	8,918,300	3,202,600	3,901,700	12,690,100	104,738,200

FUNCTION D3: Mutual accountability

Gaps and Needs

60. The Secretariat and Cosponsors need to enhance programme efficiency and effectiveness to deliver on a shared Joint Programme Vision, Mission and Strategy, with measurable results.

Impact					
D3: Mutual accountability	*By nature, the Strategic functions contribute collectively to the impact of the Joint Programme –Indicators of impact are therefore those of the Strategic Directions (Sections A, B, C).*				
Outcome	**Indicators**	**Baseline**	**Target/ Scope**	**Data source**	**Frequency**
D3.1 UNAIDS delivers value for money, managing high impact operations that link human and financial resources to results and demonstrate improved efficiency, effectiveness and outreach	a. UBRAF annual multi-stakeholder reviews conducted, and financial and qualitative reports on activities provided. (Secretariat)	TBD	TBD	UNAIDS	Annual
	b. Budget implementation rate of UNJT (JUTA) by strategic goal/ function and geographical area. (Secretariat)	2011	TBD	Joint Team reporting	Annual
	c. Budget implementation rate of Cosponsors and Secretariat, including by goal and outcome. (Secretariat)	2011	TBD	Joint Team reporting	Annual
	d. Ratio of Cosponsors UBRAF core funds received: non-core funds raised. (Secretariat)	2010-2011	Global, regional and country level	UNAIDS	Annual
D3.2 Effective and efficient management is provided in support of the Joint Programme	a. Efficiency gains through use of technology and reduced operating costs (e.g., travel, meetings, etc.) (Secretariat)	2011	HQ/RST /UCO	UNAIDS	Annual
	b. Number of human resources management policies developed and implemented, in line with the Human Resources Strategy (Secretariat)	2011	TBD	UNAIDS	Annual
	c. Percentage of Secretariat staff utilising Secretariat e-learning portals to strengthen skills, competencies and professional development (Secretariat)	2011	TBD	UNAIDS	Annual

FUNCTION D3: Mutual Accountability

Outcome D3.1: UNAIDS delivers value for money, managing high impact operations that link human and financial resources to results and demonstrate improved efficiency, effectiveness and outreach

Output D3.1.1 Mutual accountability frameworks, including UBRAF, and systems for delivery of UNAIDS Vision, Mission and Strategy developed.

Joint deliverables
J1. Develop mutual accountability frameworks and systems for delivery of UNAIDS Strategy, including the delivery of measurable results in a transparent and accessible format (such as AIDSinfo).
J2. Develop a programme-wide culture of joint action and accountability with results based management, policies focusing on cost effectiveness and technologically innovative solutions for monitoring, learning and reporting.

Secretariat deliverables
a. Establish mechanisms and policies to improve Results Based Management, accountability and tracking of linkages between financial investments and programmatic results.
b. Develop and maintain UNAIDS' leadership role, as well as programme and management systems with state-of-the-art information management and technology.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	0	103,200	36,600	0	19,200	14,800	11,000	17,500	23,200	225,500
Secretariat	9,725,700	1,929,500	1,276,500	748,800	567,500	1,690,200	606,400	725,000	2,438,600	19,708,200
Subtotal Output D3.1.1	9,725,700	2,032,700	1,313,100	748,800	586,700	1,705,000	617,400	742,500	2,461,800	19,933,700

Output D3.1.2 UNAIDS Division of Labour is systematically operationalized and monitored at global, regional and country levels.

Joint deliverables
J1. Conduct systematic reviews, and where applicable implement reforms, of country level Joint Programmes of Support on AIDS.

Secretariat deliverables
a. Assess implementation of the Division of Labor, including ensuring compliance and accountability of RST support, and reviews of Joint Team performance.
b. Develop and maintain an online database to track progress of Joint Teams, Cosponsors and the Secretariat.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	0	89,400	36,600	0	19,200	14,800	11,000	17,500	23,200	211,700
World Bank	28,000	151,200	30,200	4,500	9,000	31,400	4,500	4,500	16,800	280,100
Secretariat	6,844,500	1,357,800	898,300	527,000	399,300	1,189,500	426,800	510,300	1,716,200	13,869,700
Subtotal Output D3.1.2	6,872,500	1,598,400	965,100	531,500	427,500	1,235,700	442,300	532,300	1,756,200	14,361,500

Output D3.1.3 HIV and AIDS corporate results frameworks, both across UNAIDS and among other stakeholders in the response to AIDS, are increasingly synchronized and aligned.

Joint deliverable
J1. Ongoing advocacy by UNAIDS stakeholders, including the PCB, to promote links to and coherence between the UNAIDS Strategy and other corporate frameworks, within the Joint Programme and beyond (particularly the Global Fund and PEPFAR).

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	0	65,700	18,300	0	9,600	7,400	5,600	8,700	11,500	126,800
Secretariat	7,185,600	1,425,900	943,000	553,100	419,300	1,248,600	448,000	535,600	1,801,500	14,560,600

	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Subtotal Output D3.1.3	7,185,600	1,491,600	961,300	553,100	428,900	1,256,000	453,600	544,300	1,813,000	14,687,400
Subtotal Outcome D3.1	23,783,800	5,122,700	3,239,500	1,833,400	1,443,100	4,196,700	1,513,300	1,819,100	6,031,000	48,982,600

Outcome D3.2: Effective and efficient management is provided in support of the Joint Programme.

Output D3.2.1 The UBRAF is managed, monitored and reported in a transparent way to meet the needs of different stakeholders.

Secretariat deliverables

a. Strengthen focus on results and accountability of the Cosponsors and Secretariat in planning, implementation, monitoring and reporting at global, regional and country levels, and make adjustments to operations as necessary.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	8,612,700	1,709,000	1,130,300	663,000	502,500	1,496,600	537,000	642,000	2,159,300	17,452,400
Subtotal Output D3.2.1	8,612,700	1,709,000	1,130,300	663,000	502,500	1,496,600	537,000	642,000	2,159,300	17,452,400

Output D3.2.2 UNAIDS support services and resources are developed, deployed and implemented for maximum efficiency and impact.

Secretariat deliverables

a. Strengthen the management of human and financial resources and administrative services and leverage technology to achieve greater cost-effectiveness and impact on programme delivery

b. Ensure optimal deployment of staff and expertise at all levels to deliver on the UNAIDS Strategy, taking into account the Human Resources Strategy and its updated policies.

c. Strengthen the skills and competencies of a workforce that is field-oriented, multi-skilled, diverse and mobile, working across disciplines to deliver UNAIDS mandate in the most efficient and cost-effective manner.

Core Resources (US$)

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	13,209,800	2,621,200	1,733,700	1,017,000	770,800	2,295,600	823,700	984,700	3,312,000	26,768,500
Subtotal Output D3.2.2	13,209,800	2,621,200	1,733,700	1,017,000	770,800	2,295,600	823,700	984,700	3,312,000	26,768,500
Subtotal Outcome D3.2	21,822,500	4,330,200	2,864,000	1,680,000	1,273,300	3,792,200	1,360,700	1,626,700	5,471,300	44,220,900
Total Function D3	45,606,300	9,452,900	6,103,500	3,513,400	2,716,400	7,988,900	2,874,000	3,445,800	11,502,300	93,203,500

RESOURCE ALLOCATION SUMMARY

SUMMARY: Strategic Direction 1- Revolutionize HIV Prevention (in US$)

Strategic Direction 1	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Subtotal CORE	**22,377,300**	**21,384,100**	**8,583,500**	**2,030,000**	**5,181,400**	**9,264,800**	**4,039,100**	**3,299,800**	**6,065,700**	**82,225,700**

Strategic Direction 1	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	1,094,800	772,400	305,600	54,000	0	570,400	108,000	162,000	584,000	3,651,200
UNICEF	3,276,800	115,422,600	11,671,100	4,538,800	6,484,000	19,451,900	5,187,200	4,538,800	12,967,900	183,539,100
WFP	500,000	7,900,000	620,000	0	0	2,785,000	620,000	0	2,100,000	14,525,000
UNDP	4,368,000	107,016,000	8,475,700	4,023,800	9,203,400	49,141,700	1,712,300	25,555,400	8,903,700	218,400,000
UNFPA	3,610,000	9,590,000	13,624,400	3,559,400	7,106,200	18,625,200	5,411,800	4,311,700	10,583,400	76,422,100
UNODC	2,163,000	11,417,000	4,647,300	1,056,200	5,281,000	2,534,900	2,112,400	3,802,300	1,689,900	34,704,000
ILO	1,700,000	1,942,600	839,200	466,200	514,900	1,402,700	559,500	373,000	701,400	8,499,500
UNESCO	3,330,800	8,879,000	842,900	113,500	395,100	931,800	412,900	448,900	795,200	16,150,100
WHO	15,045,400	21,831,800	9,151,800	0	5,949,200	3,078,400	3,019,500	3,869,700	4,829,800	66,775,600
WB	0	755,580,000	149,072,000	14,560,000	8,372,000	118,356,000	20,776,000	2,212,000	190,372,000	1,259,300,000
Subtotal NON CORE	**35,088,800**	**1,040,351,400**	**199,250,000**	**28,371,900**	**43,305,800**	**216,878,000**	**39,919,600**	**45,273,800**	**233,527,300**	**1,881,966,600**

Strategic Direction 1	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
TOTAL STRATEGIC DIRECTION 1	**57,466,100**	**1,061,735,500**	**207,833,500**	**30,401,900**	**48,487,200**	**226,142,800**	**43,958,700**	**48,573,600**	**239,593,000**	**1,964,192,300**

SUMMARY: Strategic Direction 2 – Catalyze the next phase of treatment, care and support (in US$)

Strategic Direction 2	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Subtotal CORE	**13,330,000**	**15,230,800**	**3,477,800**	**610,700**	**1,680,600**	**5,280,000**	**1,371,200**	**1,504,200**	**3,999,200**	**46,484,500**

Strategic Direction 2	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
ILO	1,397,500	1,597,600	690,100	383,300	423,200	1,153,100	460,000	306,800	576,500	6,988,100
UNDP	4,368,000	107,016,000	8,475,700	4,023,800	9,203,400	49,141,700	1,712,300	25,555,400	8,903,700	218,400,000
UNESCO	402,000	1,071,600	101,700	13,700	47,700	112,500	49,800	54,200	96,000	1,949,200
UNHCR	1,763,500	1,179,000	558,200	0	90,700	967,600	181,400	308,400	852,200	5,901,000
UNICEF	2,394,600	84,347,400	8,528,900	3,316,800	4,738,300	14,214,800	3,790,600	3,316,800	9,476,600	134,124,800
UNODC	0	2,012,000	553,300	125,800	503,000	251,500	377,300	452,700	251,500	4,527,100
WB	0	215,880,000	42,592,000	4,160,000	2,392,000	33,816,000	5,936,000	632,000	54,392,000	359,800,000
WFP	3,600,000	151,150,000	7,730,000	135,000	135,000	39,205,000	7,730,000	0	29,765,000	239,450,000
WHO	22,735,100	25,459,800	10,078,800	0	4,189,100	3,923,100	2,668,100	4,864,900	6,248,700	80,167,600
Subtotal NON CORE	**36,660,700**	**589,713,400**	**79,308,700**	**12,158,400**	**21,722,400**	**142,785,300**	**22,905,500**	**35,491,200**	**110,562,200**	**1,051,307,800**

Strategic Direction 2	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
TOTAL STRATEGIC DIRECTION 2	**49,990,700**	**604,944,200**	**82,786,500**	**12,769,100**	**23,403,000**	**148,065,300**	**24,276,700**	**36,995,400**	**114,561,400**	**1,097,792,300**

SUMMARY: Strategic Direction 3 – Advance human rights and gender equality for the HIV response (in US$)

Strategic Direction 3	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Subtotal CORE	**7,638,900**	**6,476,200**	**2,404,400**	**636,700**	**1,191,100**	**3,676,400**	**1,047,800**	**918,900**	**2,306,900**	**26,297,300**

Strategic Direction 3	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
ILO	1,445,000	2,019,200	872,300	484,700	535,100	1,457,800	581,500	387,800	729,000	8,512,400
UNDP	1,092,000	26,754,000	2,118,900	1,006,000	2,300,800	12,285,400	428,100	6,388,900	2,225,900	54,600,000
UNESCO	2,010,000	5,357,900	508,600	68,500	238,400	562,300	249,200	270,900	479,900	9,745,700
UNFPA	3,200,000	2,679,000	3,288,300	859,000	1,715,100	4,495,300	1,306,200	1,040,700	2,554,300	21,137,900
UNHCR	2,144,000	1,462,000	449,300	167,200	167,200	887,300	167,000	586,300	917,500	6,947,800
UNICEF	630,200	22,196,700	3,168,400	0	0	4,905,900	0	0	4,394,900	35,296,100
UNODC	0	4,024,000	1,760,300	352,000	1,056,100	704,100	704,100	1,760,200	704,100	11,064,900
WFP	300,000	1,575,000	140,000	0	0	700,000	140,000	0	520,000	3,375,000
WHO	2,111,200	2,480,700	694,900	0	485,600	374,900	280,800	442,300	586,300	7,456,700
Subtotal NON CORE	**12,932,400**	**68,548,500**	**13,001,000**	**2,937,400**	**6,498,300**	**26,373,000**	**3,856,900**	**10,877,100**	**13,111,900**	**158,136,500**

Strategic Direction 3	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
TOTAL STRATEGIC DIRECTION 3	**20,571,300**	**75,024,700**	**15,405,400**	**3,574,100**	**7,689,400**	**30,049,400**	**4,904,700**	**11,796,000**	**15,418,800**	**184,433,800**

SUMMARY: Strategic functions of leadership, coordination and mutual accountability (in US$)

Strategic Functions	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Subtotal CORE	**149,047,500**	**55,851,800**	**20,182,800**	**11,395,400**	**8,947,500**	**26,265,200**	**9,384,900**	**11,303,200**	**37,434,200**	**329,812,500**

Strategic Functions	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
ILO	200,000	228,600	98,700	54,900	60,600	165,000	65,800	43,900	82,500	1,000,000
Secretariat	0	18,000,000	4,279,500	2,510,500	1,902,500	5,667,000	2,033,500	2,431,000	8,176,000	45,000,000
UNDP	1,092,000	26,754,000	2,118,900	1,006,000	2,300,800	12,285,400	428,100	6,388,900	2,225,900	54,600,000
WB	0	107,940,000	21,296,000	2,080,000	1,196,000	16,908,000	2,968,000	316,000	27,196,000	179,900,000
WHO	10,389,800	9,742,300	3,244,400	0	1,517,900	1,590,800	1,052,900	1,873,900	2,588,100	32,000,100
Subtotal NON CORE	**11,681,800**	**162,664,900**	**31,037,500**	**5,651,400**	**6,977,800**	**36,616,200**	**6,548,300**	**11,053,700**	**40,268,500**	**312,500,100**

Strategic Functions	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
TOTAL STRATEGIC FUNCTIONS	**160,729,300**	**218,516,700**	**51,220,300**	**17,046,800**	**15,925,300**	**62,881,400**	**15,933,200**	**22,356,900**	**77,702,700**	**642,312,600**

OVERALL SUMMARY (IN US$)

Strategic Directions/ Functions	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Strategic Direction 1	57,466,100	1,061,735,500	207,833,500	30,401,900	48,487,200	226,142,800	43,958,700	48,573,600	239,593,000	1,964,192,300
Strategic Direction 2	49,990,700	604,944,200	82,786,500	12,769,100	23,403,000	148,065,300	24,276,700	36,995,400	114,561,400	1,097,792,300
Strategic Direction 3	20,571,300	75,024,700	15,405,400	3,574,100	7,689,400	30,049,400	4,904,700	11,796,000	15,418,800	184,433,800
Strategic Functions	160,729,300	218,516,700	51,220,300	17,046,800	15,925,300	62,881,400	15,933,200	22,356,900	77,702,700	642,312,600
GRAND TOTAL	**288,757,400**	**1,960,221,100**	**357,245,700**	**63,791,900**	**95,504,900**	**467,138,900**	**89,073,300**	**119,721,900**	**447,275,900**	**3,888,731,000**

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